the registrar within 72 hours after death. After this in by the funeral director, the third copy of this TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10319

10371 CERTIFICATE OF DEATH

Reg. Dist. No. 9					
OF D	ECEASE	(D			
DUNTY RURAL a		llega	ny		
rurel giv	bur location	5 ,	X		
(Mon	th)	(Dey)	(Year	1	
HM	75	23	19 🗸	53	
hdey	IF UNDE		IF UNCER		
ym.	Months	Days	Hours	Min.	
12. CITIZEN OF WHAT COUNTRY? USA					
ar F	Rt.1	Fros	tbur	E.	
		ONS	T AND DE	ATH	
		522	seak		

Item 7. FilmG190 12-7-55 et			Reg. D	ist. No7
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEA	BED
COUNTY Allegany CITY (If outside corporate limits, write RURAL	MARYLAND	STATE Marula	and county	llegany
CITY (If outside corporate limits, write RURAL OR and give naerest town)	LENGTH OF STAY (In this place)		a limits, write RURAL and give	
TOWN -	Lifetime	TOWN Route	1. Frostbu	rg. X
HOSPITAL OR INSTITUTION OR	OTTO WINE	STREET	(if rurel give location	
STREET ADDRESS		Address None		*
3. NAME OF (First) (Mid-	dle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print)		A 7 hand what	DEATH MAN	03 .55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED.	8. DATE O	Albright	1101	DER 1 YEAR HE UNICER 24 HRS
RACE WIDOWED, DIVORC	ED,		Manth	
Male White (Specify) Widd		st 1, 1872	83 ун.	
done during most of working life, even if OR IND	USTRY KELLV+	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	ngfield	Maryland		USA
13. FATHER'S NAME		14, MOTHER'S MAIDEN NA	ME	
Jacob Albright		Hannah 1	Beal	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	CIAL SECURITY NO.	17. INFORMANT & ADI	DRESS	
(N Yes, no, or unk.) (N Yes, give wer or detes of service)	None	Mrs. Vern	on Loar Rt.	l,Frostburg,
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, #F ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DISEASES OR CONDITIONS, #F ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190, DATE OF OPERATION 196, MAJOR FINDINGS OF	OPERATION			20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, fa OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF ETHER, NOTIFY MEDICAL EXAMINER)	rm, factory, 2 bldg., etc.)	1c. WHERE DID INJURY OCCUR?	(City or lown) (C	Country) (Stelle)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED While Not white et work				
22. I hereby certify that I attended the deceased alive on 167. 18, 19.5.5, and the signature	t death occurred at	7.10 A.M. from the cau		
Burial Nov. 25, 55	Vale Summi	t Cemetery	Vale Summi	t, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	N. Pag	25. FUNERAL DIRECTOR'S SIG	Durst, Fro	stburg, Md.
				74

AT TAO MIT MUHATIANH SO TRUMPEASTO TAND UNA CHARL 25 Or minne MTARG TO STADELINE OF DEATH Toronto no months il della contra Horta L. Reproduces BUREAU V. S. SSET OF NON

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WRITE
PLEASE

VS. A15A - 5 - 53

Within COLON STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10320

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH NO

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Allegany MARYLAND	STATE W. Va. COUNTY Minoral			
CITY (If outside corporate limits, write RURAL OR and give nearest town) CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWNR. T.D. 1 Ridgely 85 x 3			
HOSPITAL OR Dead on arrival at the STREET ADDRESS Memorial Hospital	STREET (If rural, give location) ADDRESS Old Furnace Road			
	(Last) 4. DATE (Month) (Day) (Year) OF DEATH NOV: 4 19 55			
female white (Specify) single Oct	E OF BIRTII: 9. AGE jast birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Day Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	Cumberland, Nd. U.S.A.			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
	Mary Milen Baldwin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS P.D. 1-Pidgely, V. Va.			
Bervice)	(Grandmother)Mrs.Edna Baldwin			
IS. MEDIC	AL CEPTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Interval Between Onset and Death			
Immediate cause	3 weeks			
Antecedent cause(s) Debudnetion				
Diseases or conditions if any. (b)	A CONTRACTOR OF THE PROPERTY O			
giving rise to the above cause DUE TO				
stating underlying cause last (c) Gastro-enteri	tis. 13 weeks			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	na sa a ana ana ana ana ana ana ana ana			
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	28. AUTOPSY? Yes 🗆 No 🔀			
21s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.				
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF While at Not while work □ at work □				
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection [], Inquiry [], and			
	dent [], Suicide [], Homicide [], Undetermined cause [].			
H.V. Deming M.D. H.V. Daming M. A	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED NO. 14-1955			
REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or county) (State)			
Runial ITT-6-55 Noe Ceme				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'D V. 7, 1955 Wenter & Tranty M. D.	James F. Scarpelli Cumberland, Md.			
	6 4.30.			

OBATTE SA

BUMEAU V. S.

A CALL ST

Within corporate lin 10316

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10318

DYAMINIDOS CERTIFICATO OF TYPEARITE

MEDICAL MARKI	MER S CER	THICALL OF DUALD	NoZ	
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Allegany	MARYLAND	STATE Pa. COUNTY SOMERS	set	
CITY (If outside corporate limits, write RU OR and give nearest town)	URAL LENGTH OF STAY	CITY (If outside corporate timits write RURAL TOWN liversdale	and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HO	spital	STREET (If rural, give location Address 307 W. Garrett St.	n)	
3. NAME OF (First)	(Middie)	(Last) [4. DATE (Month) (1	Day) (Year)	
DECEASED: (Type or Print) Anna		erron OF MOV.	5 19 55	
RACE: WIDO	LE. MARRIED, 8. DATI OWED, DIVORCED, My) Married Apri	E OF BIRTH: 9. AGE last birthday: IF UNDER 1. 7-1890 65 yrs. Months	Days Hours Min.	
ion. USUAL OCCUPATION (Give kind of work done during most of work life,	10b. KIND OF BUSINESS OF	R 11. BIRTHPLACE (State or forcign country):	12. CITIZEN OF WHAT COUNTRY?	
even if retired Housewife	21127000000	Stonevcreek, Pa.	U.S.A.	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:		
Simon Baltzer		Etta Wov		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	7 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:		
# no service)	none	emorial Hospital records.		
	18. MEDIC	AL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH	
203X	ultiple Hyelon	20	G HONTE	
Immediate cause (a)	arothre Theron	IG.	9. HELLERS	
DUE TO				
OAntecedent cause(s) Or Diseases or conditions, if any, (b)				
giving rise to the above cause DUE TO				
stating underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED BISEASE OR CONDITION CAUSING DE		gical Fractures6 -21/55 right humerous-Oct 25-left for		
19a. DATE OF OPERATION: 19b. MAJOR			20. AUTOPSY?	
Q			Yes 🗆 No 🗔	
21a. EXTERNAL CAUSE WAS 21b.	PLACE (Home, farm, factory	, 21c. (City or town) (County)	(State)	
	OF street office bldg eto	tal Hyersdale Somerset	Pa.	
OF (Month) (Day) (Year) Hour)	21c. INJURY OCCURRED While at Not while	211. How did injury occur? Walking	g in kitchen	
INJURY June 21/55 A. M. work at work at home fell fractured right femur				
		bed above, held an Autopsy 🗌 , Inspection :		
	latural causes 🖹 , Accie		termined cause [].	
SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER				
H.V. Demine M.D. T.V.K	Deming M.D.	M. D. ASSISTANT MEDICAL EXAM.	illov.5-1955	
23. BURIAL, CREMATION, DATE THERE REMOVAL (Specify):	OF CEMETER	RY OR CREMATORY LOCATION (City, town, or	county) (State)	
Consister How 8, 19.	55 Howard	Cocoration (telepass) (1)	beleny la	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
Nov 7, 1955 Menter	So drang, MI	Hauger Funeral Director	Myersdale, P	
	d R	emoval by James F. Scarpe	111 Cumbaland	
			, Pum.	

BUREAU V. S.

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VS A15C 1-55 10M

NSTRUCTIONS

PLACE OF DEATH

This

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10372 CERTIFICATE OF DEATH

10321

2. USUAL RESIDENCE (HOME) OF DECEASED

Reg. Dist. No. 8

COUNTY Allegany MARYLAND	STATE MD.		egany		
OR and give negest town) TOWN CITY (If outside corporate fimits, write RURAL OR and give negest town) TOWN MIDLAND	OR	limits, write RURAL end give neer.	est lown)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If rurel give location)	* ** /		
3. NAME OF (first) (Middle) DECEASED	(Lost)	4. DATE (Month)	(Dey) (Yeer)		
Production - 1 - 1 - 1 - 1	erry	DEATH NOV.	27 19 55		
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	F BIRTH 9.	AGE last birthday IF UNDER			
Female White Spacify Widowed May	22nd. 1876	79 yrs. Months	Deys Hours Min.		
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stella or foreign	country) 12.	CITIZEN OF WHAT		
refired) Heusewerk Own Home	Orleans, W.	VA U.	S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA				
Thomas Emmart	Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADD	RESS			
(If Yes, give wer or detes of service)	Mr. Raymo	nd Berry, Mic	dland, MD.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN		
T DISEASES ON COMMITTORS DIRECTLY READING TO BEATT	them In.		Drien K		
332 XIMMEDIATE CAUSE (A)	rounds parce		34-00		
DISEASES OR CONDITIONS, IF ANY, (B)	cosin 2	eraled	24s.		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, DUE TO	1	1	0		
(C)	· · · · · · · · · · · · · · · · · · ·				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION			2D. AUTOPSY? YES NO 🔀		
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF ETHER, NOTIFY MEDICAL EXAMINER]	Tie. WHERE DID INJURY OCCUR?	(City or town) (Count	(Stele)		
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While M. at work at work	21. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1955, to 27 how, 1951, that I last saw the deceased					
alive on 20 19 19 and that death occurred at 20M, from the causes and on the date stated above.					
SIGNATURE ADDRESS (Street, city, town, stele) DATE BIGHED					
Deorge Kickards A. M.O.	Lorami	no my			
23. BUBIAL, CREMATION, // DATE THEREOF NAME OF CEMETERY OR	CREMATORY	OCATION (City, town, or county)	{State}		
Burial Nov, 29.1955 Memorial	Park	Frestburg,	Md.		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIG	*	ADDRESS		
DATE 1/30/55 Runatte M Com	GEORGE EICH	HORN, Lenacer	ing, MD.		

AN ARCAND STATE CONAVAMENT OF BRAINS TATE ON A FRANCE

The control of the co

STATE OF DEATH

BUREAU V. S.

Van de ables

SS61 9 030



VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

R	e	œ	Di	S	ŧ.	
		EC.3				

The corre	MEDICAL	EXAMINE	R'S	CER'	FIFICATE	OF	DEATH	I No	Santan Bu
0	1. PLACE OF DEATH:			1	2. USUAL RESIDENCE	(HOME)	OF DECEASED:		
是 5	COUNTY All	egany	MARYLA	.ND	STATE W. Va	· cot	INTY Hamps	hire	
and legibly.	CITY (If outside corporate OR and give nearest to	limits, write RURAL	LENGTH (in this	OF STAY place)	OR TOWN	rporate limi		and give	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	emorial Hos	pital		STREET ADDRESS	(1f	rural, give location	m)	1
mation	DECEASED.		Middle)	Blac	(Last) kburn	4. DATE OF DEATH	(Month) (Day) 27	(Year) 19 55
of information f death clearly	5. SEX: 6. COLOR RACE: White	WIDOWED,	ARRIED, DIVORCED, AFFIED		of Birth: h 12-1887	AGE last b	irthday: IF UNDE		Hours Min.
om of	10a. USUAL OCCUPATION work done during mos reven received: received: received:	t of work life, / I	CIND OF BUS	SINESS OF	Antioch, W.		oreign country):	U.S.	IZEN OF WILAT
y every item the causes of	George Black	burn	7.5.77.602		14. MOTHER'S MAIDE	N NAME:	/ / /		
ply eve te the	15. WAS DECEASED EVER IN I (Yes, no, or unk.) (If Yes, g NO service)	J.S. ARMED FORCES 7 16.	SOCIAL SECURIT		on) Charles	¥.	kburn,Ro	mhey	,W.Va.
Supply write	I. DISEASES OR CONDITION	ONS DIRECTLY LEADIN			L CERTIFICATION			01	THRVAL BUTWHEN
INK.	Immediate cause (a) Myocardial failure gradual					radual			
UNFADING Physicians:	Antecedent cause(s Diseases or conditions, s giving rise to the abov	f anv. (b)	carditi	Ls	***************************************		Marana nedero (respensable) (1940-ce) (**************************************	? about
FA	stating underlying cau	se last (c) Br	onchial	Lasth	ıma			1 3	years.
t. Phy		NOT RELATED TO ON CAUSING DEATH.	THE			a. a.a.yakaak ; 787872			
WITI	19a. DATE OF OPERATIO	N: 19b. MAJOR FINDI	NG OF OPER	RATION:				20	Yes Now
ILY, imp	21s. EXTERNAL CAUSE W PRIMARY or CONTRIB CAUSE OF DEATH.	UTING OF INJUI	E (Home, far street, office RY	bldg., etc.,			(County)		(State)
E PLAINLY, WITH especially important.	2Id. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF While at Not while INJURY M. work at work								
SITE P	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ; and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED								
WE	H.V.Deming M.	D H. V. Dam	my M	CEMETER	M. D. ASSISTA	MEDICAL NT MEDIC	EXAMINER CAL EXAM.	Nov	7.28-1955
PLEASE	23. BURIAL, CREMATION, REMOVAL, (Specify): DATE REC'D BY LOCAL	160.30,1900	Scher	N Con	neter	Sche	r. West	6 1/.	ADDRESS
PL	North 29, 1955		ante, M	1. D-	merke Combs	, Rom	ney, wes	1/0	ginia
			U		Konglet - Co	7 1 /12		0	

DEL VIEDERO V. S. V. S. S. V. UNATAUR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11031 CERTIFICATE OF DEATH

1 dun de la constante	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1032V	
Mus after d	1 1031 CERTIFICATE OF DEATH Reg. Dist. No	4
b d F	1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED	
executed within 24 within 72 hours af uneral director, the	COUNTY Allegany CITY (If outside corporate ignits, write RURAL end give neerest town) TOWN Cumberland LENGTH OF STAY (In this plece) TOWN Cumberland I mo. 16days STREET Manyland County Elegany CITY (If outside corporate limits, write RURAL end give neerest town) OR TOWN Borden Mines, Frostburg OR TOWN Borden Mines, Will rurel give location)	×
within 7	/XINSTITUTION OR Sylvan Retreat	1
0 F 0	3. NAME OF (Furst) (Middle) (Lest). 4. DATE (Month) (Day) OF O	(Yeer) 1955
vertificate be the registrar in by the	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W Feb. 17, 1878 77 YES. Months Days	UNDER 24 HRS. Hours Min.
death of with the filled y filled permit.	10a. USUAL OCCUPATION (Give kind of work done during gigst of working life, eyen if retired) 10b. KIND OF BUSINESS OR INDUSTRY OR INDUSTRY Borden Kines, Karyland U.S.A. 11. BIRTHPLACE (Siete or foreign country) U.S.A.	?
an. Bar	Benjamin Ort 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes pay or unk.) (If Yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS	163
phy phy fiffic nd iuria	Rose Mrs. Frank Schriver, Borden in 18. MEDICAL CERTIFICATION INTERVA ONSET	AND DEATH
le la	392 X IMMEDIATE CAUSE (A) SELECT METALE METALE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO	
66 4- 0	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) (C)	3
HOTHIAL y the hospital requires that the attending	DISEASE OR CONDITION CAUSING BEATH.	3 720
d by the control of t	YES [NO [
The The should	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Iarm, Tectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc.] 21c. WHERE DID INJURY OCCUR? (City or town) (County) OF INJURY atreet, office bldg., etc.]	(State)
may be retain RICTOR: The een exemple in	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work at work	
COPY COPY Tas be	22. I hereby certify that I attended the deceased from Oct. 7, 19.55, to Nov. 23, 19.55, that I last saw it alive on Nov. 23, 19.55, and that death occurred at 5.150 M, from the causes and on the date stated above. SIGNATURE ADDRESS (Sires), city, town, state)	he deceased
ATTENDING The bottom copy To certificate has the death certificate	23. BURIAL CREMATION, DATE THEREOF I NAME OF CEMETERY OR CREMATORY I LOCATION (CITY FOWER OF COURSE)	(Sie.e)
TO The Continue of the Continu	Burial 1 11-26-55 Frostburg Memorial Park Frostburg Md. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TO A 12 12 12 12 12 12 12 12 12 12 12 12 12	wight
	Hafer Tuneral Hyme	



The bottom copy may be rutained by the hospital or attending physician.

VS A15C 1-55 10M

10364 CERTIFICATE OF DEATH

Reg. Dist. No.9

COUNTY Allegany MARYLAND STAK MATYLAND STAK MATYLAND CIT (II outside copposite kents, write RURAL and pive accessed from 1 to 1	1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF D	ECEASED		
CITY (II outside corporate Funit, write RURAL OR CREATED CONN Prostourg (II) (III outside corporate Funit, write RURAL end give nearest flown) CR von Prostourg (II) (III outside corporate Funit, write RURAL end give nearest flown) Frostourg (II) (III outside corporate Funit, write RURAL end give nearest flown) Frostourg (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) III outside Corporation (III outside flown) III outside Corporation (III outside flown) STREET (III outside corporate Funit, write RURAL end give nearest flown) III outside Street (III outside Corporation) III outside Street (II	COUNTY Allegany	MARYL	AND	STATE Marv	land COUNTY	ATT	egar	ıv
TOWN Frostburg	CITY (If outside corporete limits, write RU	RAL LENGTH OF	F STAY	CITY (If outside corp				<u></u>
HOSPITAL ON HOSPITAL HOSPIT					homt			
ADDRESS Miners Hospital 3. NAME OF DECASED (Type or Frien) DECASED (Type or Type or T		T=7 II.	12.	Ti Ch		lun lanation)		
S. SER 6. COLOR OR 7. SINGLE, MARRED BOYLE SERVING STATING COUNTRY WITHOUT BOYLE SERVING STATING UNDERLYING COUNTRY USA MORE STATING UNDERLYING CAUSE LAST, OF THE BATHERT WAS UNDERLYING CAUSE LAST,	- INSTITUTION OR				(ii rurei gi	ve locerion)		
DECEMBED (Type or Print) 5. SEX 6. COLOR OR 7. SINGLE, MARRED, WOOWED, DISPORCED 15. DATE OF BIRTH 9. AGE but birthday 15 UNDER LYLAR 15 UNDER YEAR 18. MOUNT 10. SEND OF BUSHESS 11. BIRTHPLACE (State or forming country) 6. USUAL OCCUPATION (Grew Kind of work in plants of the plan	/STREET ADDRESS Miners	Hospital						
S. SEX 6. COLOR 7. SINGE, MARRED NOVO 29, 1955 S. SEX 6. COLOR 7. SINGE, MARRED NOVO 220, NOVO 24 PRODUCT NOVO 29, 1955 S. SEX 6. COLOR 7. SINGE, MARRED NOVO 221, NOVO 221, NOVO 221, NOVO 24 PRODUCT NOVO		(Middle)		(Lest)		nth)	(Dey)	(Yeer)
5. SEX 6. COLOR OR 7. SINGEL, MARKED (Specify) STINGLE (PACKED) (PACKED) (Specify) STINGLE (PACKED) (Specify) STINGLE (PACKED) (P	(Type or Print) JOHN	Α.	BO	YLE		Nov.	29.	10 5 F
Male White Specify Single 2-2-1900 55 yrr. Months Days Hours Min. Mary Land Mary Lan							I YEAR	
100. LULL OCCUPATION Give kind of work and of work and of work and other death of working these years it relified by working these years it relified by a training by a tr		WIDOWED, DIYORCED,			مےسے	Months	Days	Hours /
OR NOUSTRY Dennis A Boyle	1		· · · · · · · · · · · · · · · · · · ·					
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23. BURIAL, CREMATION, BENIOVAL (Specify):

3

RESERVED

MARGIN

EPARTMENT OF HEALTH—RALTIMORE 12

COUNTRY

INTERVAL HETWEEN

ONSET AND DEATH

sudden

20. AUTOPSY? Yes 🗌 No 📑

(State)

Undetermined cause

MARTIA	D DIMIN DELIMINA	OI MANIETA - DIRECT	1111/11/11/11	, 10	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.
PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME)	OF DECEASED:	

MARYLAND COUNTY Allegany CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Cumberland (in this place) HOSPITAL OR Dead on arrival at the INSTITUTION OR

STREET ADDRESS Sacred Heart Hospital.

Md. COUNTY Allegany STATE

CITY (If outside corporate limits write RURAL and give nearest town) TOWN Cresaptown

STREET (If rural, give location) ADDRESS

(Day) 3. NAME OF (Last) 4. DATE (Month) (Year) DECEASED: OF Patrick Bridges (Type or Print) DEATH 19 55 Nov. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) / 11 dower 6. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: , IF UNDER I YEAR | IF UNDER 24 HRS. RACE: Months Sept. male

10b, KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done during most of work life, 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT INDUSTRY: Cumberland Valley, Pa 13. FATHER'S NAME:

Benton Bridges Anna Miller 17. INFORMANT & ADDRESS:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of 16. SOCIAL SECURITY NO.: (daughter) Marriett Allison, Cumberland service)

18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Coronary occlusion

(a) .. . Immediate cause DUE TO Coronary sclerosis Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21s. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY PRIMARY OF CONTRIBUTING CAUSE OF DEATH.

21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hour) Not while OF INJURY

211. HOW DID INJURY OCCUR?

21c. (City or town)

at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and

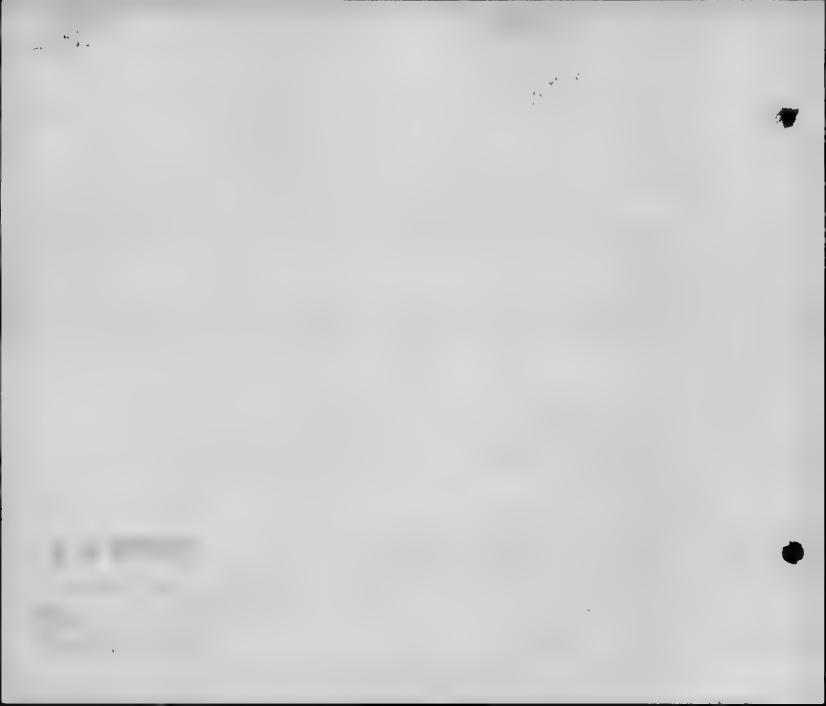
find that death resulted from: Natural causes [, Accident □ , Suicide □ , Homicide □ , SIGNATURE H.V.Deming P.D.

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

DNov. City, town, pr county)

(County)

Dulla 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAK'S SIGNATURE



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has leen executed by the attending physician and completely filled in by the funeral director, the third copy of this death certifical assembly should be detached for an about transit permit.

V\$ A15C 1-55 10M

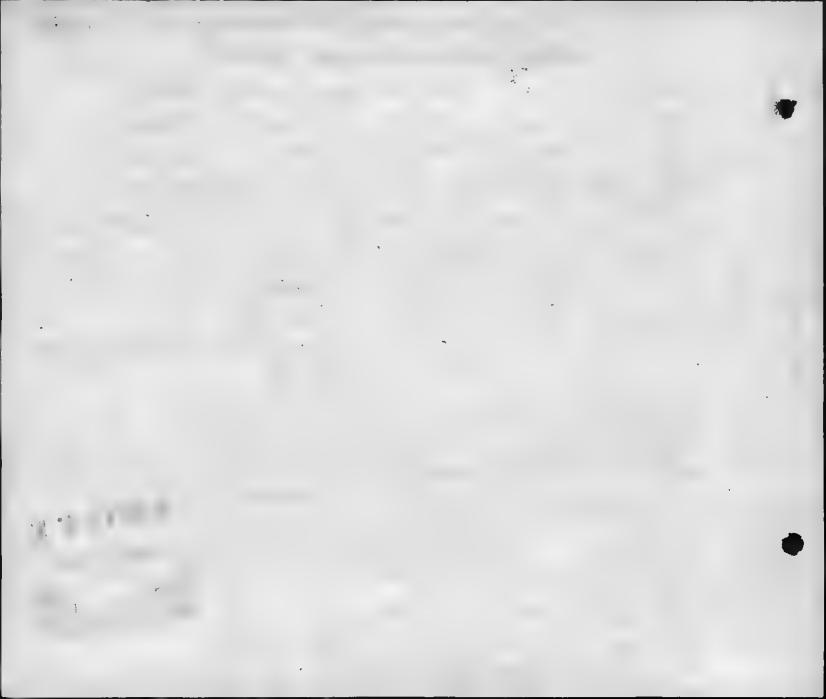
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10373 CERTIFICATE OF DEATH



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NORTH CAUSES NORTH CAUSE NORT		OP .
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3. NAME OF (1931) (Modds) (Last) (Last) (Last) (Dev) (Year) (Year		STREET (If rural give location)
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Comparison Com	3. NAME OF (First) (Middle)	
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Second Continued Continu	S. SEX 6. CO.OR OR 7. SINGLE, MARRIED. 8. DATE O	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
10. USLAL OCCUPATION (Give lind of work done during most of working life, was it reflected) i.e. t. i'ariag? 13. FATHER'S NAME O PLYTE Browning (No. In BROISEN ADDRESS AND ARRED FORCES? (Toler, or or or of dees of service) 14. MOTHER'S MADDRESS AND ARRED FORCES? (Toler, or or or of dees of service) 15. WAS DECEASED EVER IN U. S. ARRED FORCES? (Toler, or or or of dees of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (No. or	Male White (Specify) Married Mig.	29.1869 86 yrs. Months Days Heurs Min.
13. FATHER'S NAME OPTO Browning 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ng., or unk.) (If Yes, give wer or defee of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS APS. COPINE IN INFORMANT OF PROMISE OF SERVICE ANTECEDENT CAUSES) DUE TO DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES) DUE TO DISEASES OR CONDITIONS, IF ANY, ANTECEDENT CAUSES) DUE TO DISEASES OR CONDITIONS, IF ANY, BY DISEASES OR CONDITIONS OF DEATH DISEASES OR CONDITIONS OF DEATH ANTECEDENT CAUSES) DUE TO DISEASES OR CONDITIONS OF DEATH DISEASE OR CONDITIONS OF DEATH DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS OF DEATH OR CONTRIBUTION CAUSE LAST. DISEASE OR CONDITIONS CONTRIBUTIONS OR CONTRIBUTION CAUSE AND DEATH. DISEASE OR CONDITIONS CONTRIBUTIONS OR CONTRIBUTION CAUSE OF DEATH OF INJURY STREET, OfFICE WELL, MICE WEL	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, ng, or wh.) (If Yes, give wer or defess of service) 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. INMEDIATE CAUSE (A) 10. IMMEDIATE CAUSE (A) 11. OTHER SIGNIFICANT CONDITIONS, DIRECTLY LEADING TO DEATH 15. MEDICAL CERTIFICATION 16. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS (A) 18. MEDICAL CERTIFICATION 19. MATCHING UNDERLYING CAUSE (B) 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 21b. PLACE (Home, ferfi, Isolary, OR CONTRIBUTING CAUSE OF DEATH) 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF INJURY (Month) (Dey) (Year) (Hour) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 22. IN hereby certify that I attended the deceased from G. L.	done during most of working life, even if OR INDUSTRY	
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IS. MEDICAL CERTIFICATION NIGHT AND DEATH OF IMMEDIATE CAUSE ANTECEDENT CAUSES ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING DEATH. OF OPERATION 19b. MAJOR FINDINGS OF OPERATION PS. MADOR FINDING OF OPERATION 20. AUTOPSY? YES NO [X] (FIGHER, NOTIFY MEDICAL EXAMINER) OF INJURY steer, office bodg, shc., AUTOPSY? YES NO [X] 21b. PLACE (Home, farm, factory, or county) (Siele) 22c. AUTOPSY? YES NO [X] 23d. AUTOPSY? YES NO [X] 24c. WHERE DID INJURY OCCUR? M. all work of every AUTOPSY? YES NO [X] 25d. Hereby certify that I attended the deceased from [And the steer of the work of		17. INFORMANT & ADDRESS
IDEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECDORT CAUSE(S) DISEASES OR CONDITIONS, IF ANY (A) DISEASES OR CONDITIONS, IF ANY (B) DISEASES OR CONDITIONS, IF ANY (B) DISEASE TO THE ABOVE CAUSE DUE TO (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSENDED DUE TO (C) DISEASE OR CONDITION CAUSENDED DUE TO (C) DISEASE OR CONDITION CAUSENDED DATE DISEASE OR CONDITION COURSED THE BIRD DATE STORY DISEASE OR CONDITION COURSED TO BE THE DISEASE DATE DATE OR CONTRIBUTING 21b. PLACE (Home, farm, facility, plant) DISEASE OR CONDITION COURSED TO BE THE DISEASE DATE OF INJURY OCCUR? (Country) DISEASE OR CONDITION (Siele) DATE STORY D		ars. Cornelia Browning, Flintstone
ANTECEDRIT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO CITY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 210. AUTOPSY? YES NO 211. ACCIDENT WAS UNDERLYING OF DISEASE OR CONDITION CAUSING DEATH. OF INJURY Street, office bidg., str. OF INJURY Street, office bidg., str. OF INJURY OCCURRED Not while Not while Not while ANDRESS (Street, city, lown, stele) DATE STREND 22. BURIAL, CREMATION, OTHER CONDITIONS ADDRESS (Street, city, lown, stele) DATE STREND 24. REC'D BY REGISTRAR REGISTRARS SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 26. REC'D BY REGISTRAR REGISTRARS SIGNATURE ADDRESS 27. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 20. AUTOPSY? YES NO 20. AUTOPSY? YES NO 20. AUTOPSY? YES NO 20. AUTOPSY? YES NO 21. WHERE DID INJURY OCCUR? County) (County) (County) (Stele) County (City or town) (County) (County) (County) (Stele) County (City, lown, stele) DATE SIGNED 24. REC'D BY REGISTRAR REGISTRARS SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	TO DISPASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
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19 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE DISTANCE OF CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION 190. MAJOR FINDINGS OF OPERATION 200. AUTOPSY? YES NO [&] 210. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., stc.] 210. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., stc.] 211. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., stc.] 212. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., stc.] 213. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., stc.] 214. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 216. INJURY OCCURRED Not while of work of wore work of	STATING CHOSE CASE	
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20. AUTOPSY? YES NO (A) 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., fic.] 216. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., fic.] 217. WHERE DID INJURY OCCUR? (City or town) (Steel) (Steel) (Steel) 218. PLACE (Home, farm, factory, OF COUNTRIBLY) (Steel) (Steel) (Steel) 219. PLACE (Home, farm, factory, factory, OF COUNTRIBLY) (Steel) (Steel) (County) (County) (Steel) (County) (County) (Steel) (County) (County) (Steel) (County) (County) (County) (County) (Steel) (County) (County) (County) (County) (Steel) (County) (MARINARIM RIOSLULO
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY Street, office bidg., fic.] 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steet) OF CONTRIBUTING 2 CAUSE OF DEATH OF INJURY Street, office bidg., fic.] 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED Not while et work 2 to work 2 to work 3 to work 3 to work 4		20. AUTOPSY?
22. I hereby cartify that i attended the deceased from		YES NO K
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22. I hereby cartify that i attended the deceased from 9-14-1, 1925, to 1925, that I last saw the deceased alive on	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	216. HOW DID INJURY OCCUR?
alive on		
alive on	22 I haraby cartify that I attended the deceased from 9-14-	- 105b to 1-2-4 1055 that I last saw the deceased
ADDRESS (Street, city, lown, stete) DATE SIGNED (Slete) Cumberland, faryland ADDRESS (Street, city, lown, stete) DATE SIGNED 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS (Street, city, lown, stete) DATE SIGNED Cumberland, faryland 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Street, city, lown, stete) DATE SIGNED 1-26-55 Cumberland, faryland 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Street, city, lown, stete)		
BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL (SPEC	alive on and inar death occurred at	ADDRESS (Street, city, lown, state) DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL	TENNA TALESTAND	11 /
24. REC'D BY REGISTRAR RECISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		CREMATORY LOCATION (City, fown, or county) (State)
24. REC'D BY REGISTRAR NEGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Turial Park Cumberland, Maryland
Mad 26, 1955 - Olina K. Benley. John J. Hafer, Cun orland, maryland		
	That 76, 1955 Olina L. Bender.	John J. Hafer, Curverland, waryland



1. PLACE OF DEATH

Within corporate 03:20 CERTIFICATE OF DEATH

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED

county Allegany	MARYLAND	STATE maryland county alle	erany		
CITY (If outside corporate limits, write RURAL OR end give neerest town) TOWN Cumberland	(in this place)	CITY (It outside corporete limits, write RURAL end give nearest town) OR TOWN Cumberland			
HOSPITAL OR INSTITUTION OR	trect	STREET (If rurel give location) ADDRESS 234 Column is Street	e t		
S. NAME OF (first) (M DECEASED (Type or Print) Ella Burke	oddle)	(Last) 4. DATE (Month) OF DEATH TOVEME	(Dey) (Year) Oer 13 ₁₉ 55		
5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO	RCFD.	OF BIRTH 9. AGE lest birthday 10, 1874 9. AGE lest birthday Months Months	R 1 YEAR IF UNDER 24 HRS. Deys Hours Min.		
	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or foreign country) Kingsville, W. Va.	COUNTRY!		
13. FATHER'S NAME Latthew Davis		14. MOTHER'S MAIDEN NAME Anne Brady			
(Very no or unt 1 //f Very other was of dates of service)	one	Gentrude unke, Cum enla	mbia Street an , ar land		
IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR COND TION CAUSING DEATH.	Corrections	clarais vacio	Te de international de la constant d		
196. DATE OF OPERATION 196. MAJOR FINDINGS OF 216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	YES NO (State)		
	Not white of work	21f. HOW DID INJURY OCCUR?			
alive on	NAME OF CEMETERY OF	cks Cemetery Cumberland,	DATE SIGNED Stele) Selection Steleton Steleton		
DATE MOVIG, 1955 Winter R.	Tranty ma	odohn J. Hafer, Can orlan	d, Maryland		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10321

Reg. Dist. No...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ALLEGANY MARYLAND	STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL (in this place) TOWN CUMBERLAND LENGTH OF STAY (in this place) 17 HRS.	CITY (If outside corporete limits, write RURAL end give neerest town) OR TOWN CUMBERLAND 0.2
HOSPITAL OR MEMORIAL HOSPITAL ONSTRUCTION OR MEMORIAL & WARWICK AVES.,	STREET (If rure) give location) ADDRESS 308 N. MECHANIC ST
3. NAME OF (First) (Middle) PECEASED (Type or Print) ESTHER ESTELLA	BURKETT DEATH NOV. 16 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED MAR	ATE OF BIRTH 9. AGE fost birthday IF UNDER 1 YEAR HE UNDER 24 HRS. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Waynesburg Va.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EENJAMIN PAYND	SUSAN POTTS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) [# Yes, give wer or detes of service] NONE	17. INFORMANT & ADDRESS 1. (VILLE) PULLETTY STRIP NY SER
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE DESCRIPTION INTERVAL BETWEEN ONSET AND DEATH DEATH DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH D
190, MAJOR FINDINGS OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Mot white el work el work	1 211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7/27	to 1071.0, 19.55, that I last saw the deceased at 1:28P.M, from the causes and on the date stated above.
SIGNATURE COLO, 1/20 2- M.D.	ADDRESS (Street, city, town, state) DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Nov. 19, 1955 Porter Com	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Inw require that the death certificate be executed INSTRUCTIONS

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72 hours after director,

registrar within by the funeral

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certificate has Meen mamoutell by the attending physician and completely filled death certificate assembly should be detailed for use as a berial transit servit. TO FUNERAL DIRECTOR The law requires that the death certificate be filed

The bottom may be retained by the hospital or attending physician.

*3 11 II.

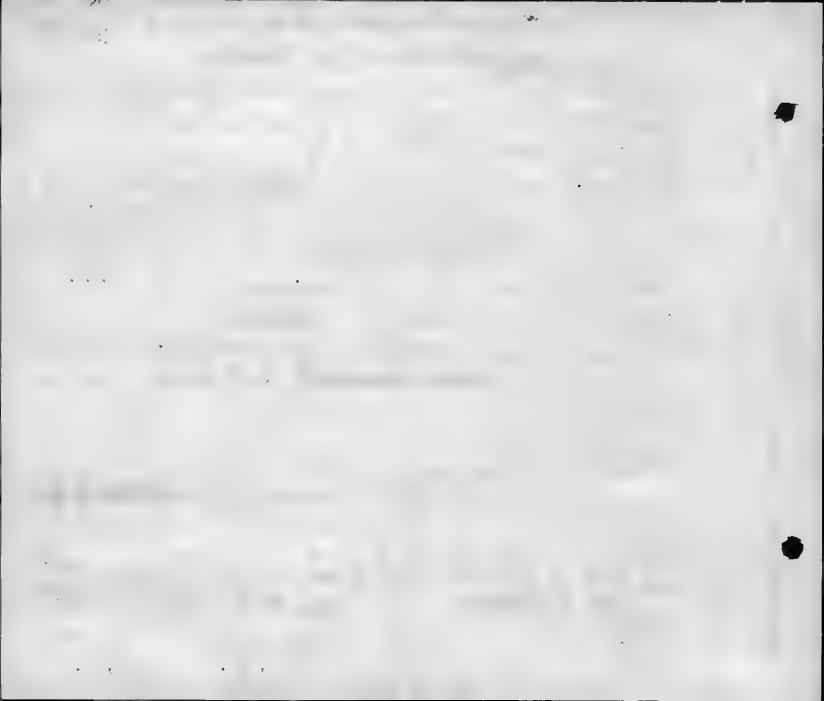
VS A15C 1-55 10M

AND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	11-15-55					
CE	RTIFI	CAT	LE C)FD	EAT	H

		11
Reg.	Dist.	No. 4

Y/ 14 Corpy part 1 1 3 7 CERT	IFICATI	OF DEA		Dist. No.
1. PLACE OF DEATH	The state of the s	2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
county Allegany	MARYLAND	STATE Waryla	nd county A	llegany
CfTY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (if outside corp	orate limits, write RURAL and gr	
OR end give neerest town)	(in this place)	OR TOWN Doubt	T Cumbers and	X
Noshial or Cumberland	35 Yrs	STREET ROUTE	I Cumberland (H rurst give loc	ition)
O STREET ADDRESS		ADDRESS	_	
III G	iddle)	(Last) Route	4. DATE (Month)	(Day) (Year)
DECEASED			OF	
(Type or Print) James Hen	-	rkhart		ember 7 1955 Under 1 YEAR HE UNDER 24 HRS
5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO	RCED,		9. AGE lest birthday IF t	
	dowed 2/I		79 уп.	
	OF BUSINESS	11. BIRTHPLACE (Stelle or fore	nign country)	12. CITIZEN OF WHAT COUNTRY?
refired) Carpenter		Penn.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Jacob J Burkhart		Unknown		
	SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (# Yes, give wer or detes of service)		" Mrs Viole	t Loar Rt. I	Cumberland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH AMTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	iniè arlice	clerolie 14e	ail Desince	INTERVAL BETWEEN ONSET AND DEATH
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDINGS OF	FOPERATION			YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, offi		21c. WHERE DID INJURY OCCU	JR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. II While M. et worl	NJURY OCCURRED Not while at work	21f. HOW DID INJURY OCCU	JR ?	
22. I hereby certify that I attended the decease alive on		4.30.A.M. from the	causes and on the date	stated above.
then le Jopher	/ " "	Men de	an Re	11/7/50
23. BURIAL, CREMATION, DATE THEREOF	M.D. NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY)	Uillament (Cometony		
Burial II/9/55	Hillcrest (реше сег. У	Cumberland	Meryland
		1 25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS



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director, the third

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death

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The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

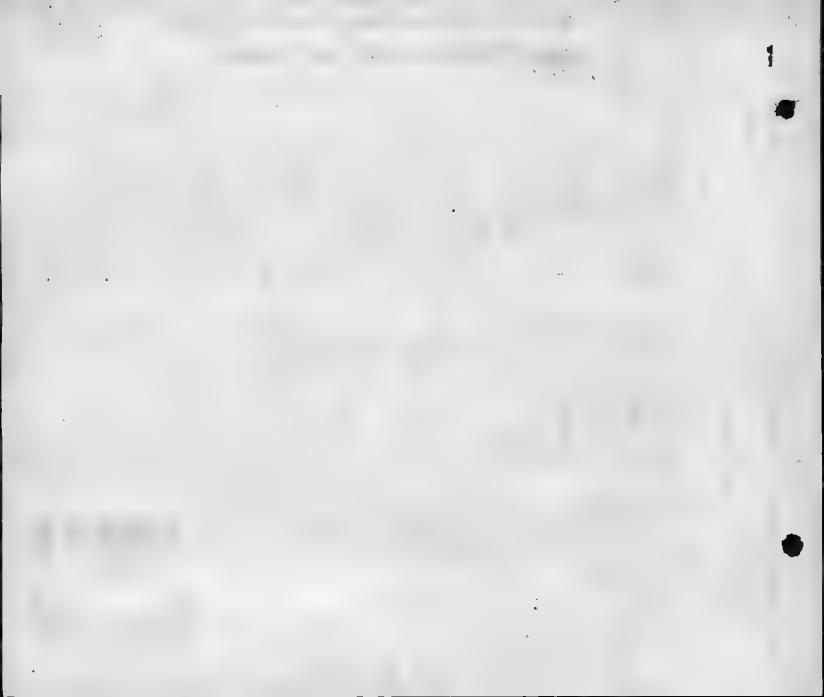
72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF 10322 DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	Z. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give negrest town)
OR and give naerest town Cumberland 9/19/55	TOWN Cumberland
HOSPITAL OR	STREET (If rurel give location)
/ STREET ADDRESS Allegany County Infirmary	ADDRESS _
	328 Fayette Street
3. NAME OF (First) (Middle) DECRASED	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) William C. Bus	rrell DEATHNOVember 24, , 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 H
	/1867 87 yrs Months Days Hours M.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
refired Salesman	Pennsylvania U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Burrell	Sarah Shuman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no. no unk.) (If Yes, give wer or dates of service) 215 16 4510	Allegany County Infirmary Record
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
472 PAMEDIATE CAUSE (A) Viele	econary Thypostass 48hr
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	Source granting ?
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	al Markening Claronia?
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ie Lephitis
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES \(\) NO \(\)
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING 2040SE OF DEATH OF INJURY street, office bldg., etc.)	Pic. WHERE DID ANJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not while at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept.	7. 1935, to / Nov. 24, 1955, that I last saw the decease
alive on 1923, 1923, and that death occurred at	5. FUR.M. from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNE
- Hauseh C. A Feaumo.	49 Specce St. 11:25.5
23. BURYAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
Burial Nov. 26, 1955 Fairview	Cemetery Keedysville, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	4 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
day 21 12- White I from to MA	WAR TO VALLE CONTRACTOR



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Within corporate limits CERTIFICATE OF DEATH

Reg. Dist. No.

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hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within. The bottom comy may be retained by the hospital or attending physician.



registrar within 72 hours after death. by the funeral director, the third cop

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a buriel transit permit.

VS A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIAN OR HOSPITAL

The law requires that the death certificate be executed

INSTRUCTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10330

DR. STEGMAIER 0324 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (H	OME) OF DECEMBE	D
COUNTY ALLEGANY	MARYLAND	STATE MARYLAND		EGANY
CITY (If outside corporate limits, write RURAL OR end give naerast town)	(in this place)	CITY (It outside corporate limits	, write RURAL and give nee	erest town)
12 TOWN CUMBERLAND	17 DAYS	-Ammilia /	10 rural	, X
HOSPITAL OR	I II DATE	STREET	/ (II rural give location)	
INSTITUTION OR STREET ADDRESS MEMODIAL LINCOLTA		ADDRESS		′
- PERMITAL ROOFFIA		MEXICO		D. 4
3. NAME OF (First)	(Middle)	(Last) 4.	DATE (Month)	(Day) (Year)
(Type or Print) JAMES	CRITES		DEATH NOV.	12 1955
.5. SEX 6. COLOR OR 7. SINGLE, MAI	RRIED. 8. DATE C	OF BIRTH 9. AGE	last birthday IF UNDE	
MALE RACE WIDOWED. I	DIVORCED.	44-)	Months	Days Hours Min.
WHITE (Specify)WI	DOWED 4/11		32 yn.	
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Steta or foreign country	y) 1:	2. CITIZEN OF WHAT
retired) If a must also	r Parm	WEST VIRGINIA		U.S.A.
13. FATHER'S NAME	I Lactin I	14. MOTHER'S MAIDEN NAME		UaJaMa
JACOB CRITES		SARAH MONGOL	.D	
	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(Yes, no, or unk.) (If Yes, give war or dates of service)		MEMORIAL HOSPI	TAL - CUMBER	RLAND. MD.
	18. MEDICAL CEI			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	H	4		ONSET AND DEATH
IMMEDIATE CAUSE (A)		11.012 4		">" (
monte cover (n)				
Witterprist everted	rlenouse ler	to Carolia - Vra	unter does	13 1
GIVING RISE TO THE ABOVE CAUSE				7
STATING UNDERLYING CAUSE LAST. DUE TO				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDING	is of operation			20. AUTOPSY?
21- ACCIDENT WAS UNDERLYING TO I 20 BLACK TO	t t	A AMERICAN ALIENA OCCUPA (CA		
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (He OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY straet	oma, farm, factory, t, office bldg., atc.)	21c. WHERE DID INJURY OCCUR? (City	or town) (Cou	Utal) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	la. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
M. at	work at work			
22. I hereby certify that I attended the decalive on 1/2/1/2, 19	eased from 3 /7-77	19. 10 : 2 mm	/ 10 53 that I	last saw the deceased
the state of the s		12:15%	the state of the same	1 4
signature	nd that death occurred a	ADDRESS	ind on the date state	ed above.
BIGNATURE 15 15	/2.			DATE SIGNED
	maur M.D.	(worthoutered	,	121275
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	TION (City, town, or county	y) (State)
Burial Nov. 14.19	55 Davis Momo	rial Cemetery Cur	nhumland its	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	DE JETTO PUBLO	25. PUNERAL DIRECTOR'S SIGNATURE	meriand, Ad	ADDRESS
1	1 -	Charles L. George		
2167.14.1955 VIKATES	TRAUG MA	A A A A A A A A A A A A A A A A A A A	. Gunueriai	DO. MO.

DECENVED A.S.

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MARYLAND STATE	DEPARTMENT	0F	HEALTH-	-BALTIMORE,	18

10	331	٠
Ren	Diet	

20. AUTOPSY? Yes 🕇 No 🗍

MARILAND STAYE DEFARIMENT OF HEALTH—DALIMORE, 18					neg. Dist.
MEDICAL EXA	MINER'S CER	TIFICATE	OF DE	HTA	No. 9
PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DEC	CEASED:	
COUNTY ATTOCANT	MARYLAND	STATE 200	COUNTY	A 7	ν-
CITY (16 to taide componets limits and	SIL BIRAL LENGTH OF STAV	CITY (If outside con	noveta limita muita	DITDAT and	cive nearest to

1. PLACE OF DEATH:		2. USUAL RESIDENC	E (HOME)	OF DECEASED	:		
COUNTY Allegany	MARYLAND	STATE	CO.	UNTY AT 7.		-	
CITY (If outside corporate limits, write RURA OR and give nearest town)	L LENGTH OF STAY 3 (in this place)	TOWN (p.p	,73 77	Imore		e nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS TINATS TO I	tol	STREET ADDRESS. 1	را نا با سرر (۱)	rural, give locat	tion)		-
3. NAME OF (First) DECEASED: (Type or Print)	(Middle) Lya Cuth		OF	(Month)	(Day)	(Year) 19	55
5. SEX: 6. COLOR OR 7. SINGLE,	MARRIED, 8. DAT	E OF BIRTH: 19.	AGE last	birthday: שאט ינו	ER 1 YEAR	IF UNDER	t 24 HR
female water (Specify)	2 TTC C LA	75-1,746		yrs.	в Даув	Hours	Min.
10a. USUAL OCCUPATION (Give kind of 10d work done during most of work life, even if retired):	. KIND OF BUSINESS O INDUSTRY:	r n. Birthplace			CO	UNTRY 7	•
13. FATHER'S NAME:		14. MOTHER'S MAID					
elvin Culhhertson		Bernadin	e enr	107			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	6. SOCIAL SECURITY No.:	17. INFORMANT & A	DDRESS:	*			
· no service)	none	Miners Tosp	ital 1	cecords.			
	18. MEDIC	AL CERTIFICATION			. 1.	NTERVAL I	
I. DISEASES OR CONDITIONS DIRECTLY LEA	DING TO DEATH:					NIBRYAL I	
Immediate cause (a) DUE TO	dural he orr	alo, diffus	o,stic			," ^ -	
Antecedent cause(s)	ntusion of br	cain (right)				3 da	77S
stating underlying cause last (c)	Infra-able in		e(st	2).		2 74	775
IL OTHER SIGNIFICANT CONDITIONS CONTR							

DISEASE OR CONDITION CAUSING DEATH.

21a. EXTERNAL CAUSE WAS
PRIMARY () or CONTRIBUTING () CAUSE OF DEATH

OF INJURY ..OV

DATE REC'D BY

21d. TIME (Month) (Day) (Year) (Houv)

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

(County) (State) 21c. (City or town) 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy : , Inspection [], Inquiry : , and Natural causes □, Accident ②, Suicide [], Homicide [], Undetermined cause []. find that death resulted from: CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE

Not while

at work

23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) : 1955 Buria

Ceme tery F

ADDRESS George Eichhorn, Lenacening,

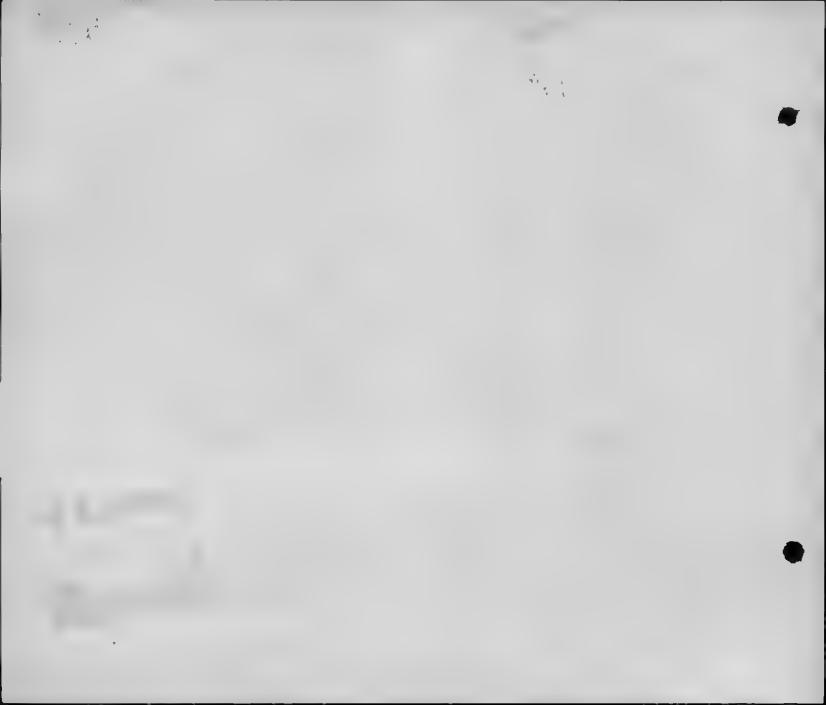
LOCATION (City, town, or county)

While at

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,

2Ie. INJURY OCCURRED

OF street, office bldg., etc.



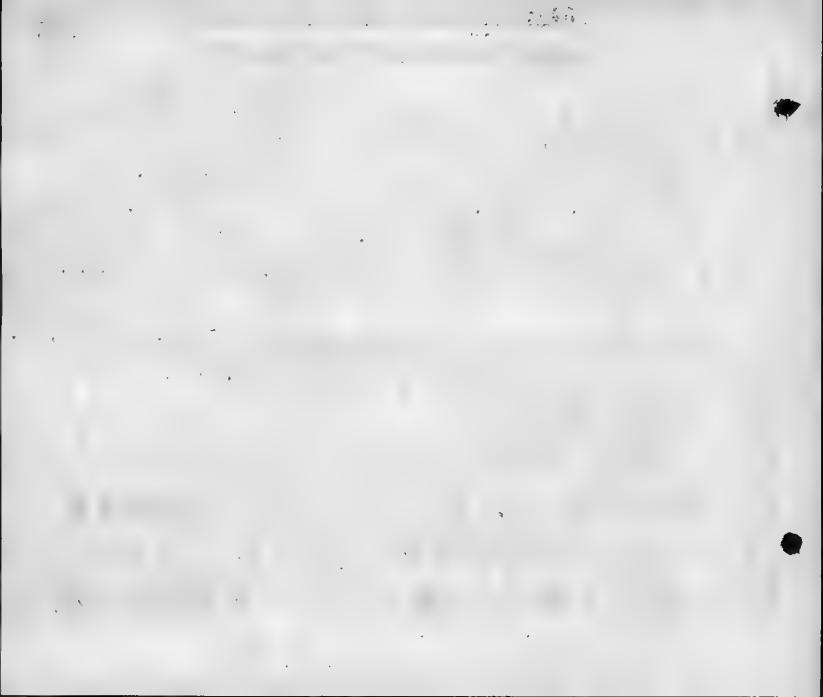


hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10325

,	MARYLAN	D STATE DEPAR	TMENT OF	HEALTH-B	ALTIMORE	, 18	103
		ERTIFICA	TE OI	F DEA	TH	Reg. Dis	t. No
1. PLACE OF DE	ATH		2. US	UAL RESIDENC	E (HOME) OF	DECEASE	D
county Allegany		DATELAND	STA	STATE Maryland COUNTY Allegany			
Cumic		LENGTH OF STA	ays or	CITY (If outside corporata limits, write RURAL and give naarest town) OR TOWN Cumberland			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Memorial Memorial	Hospital Ave•	STR	DRESS	Federal	st.	
3. NAME OF DECEASED	(First)	(Middle)	(Last)		4. DATE	Month)	(Day)
(Type or Print)	Mr. Casper	F.Goetz			DEATH	Nov.	1
5. SEX 6 V	COLOR OR 7. SINGLE WIDO (Special Control of	WED DIVORCED	Teb. 5,1		71	Months rs.	R 1 YEAR IF UN
10a. USUAL OCCUPATE dona during most refired) 110 U	of working fife, even If	OR INDUSTRY Wholes le Gi	11. BIRTHP	yland, Cu	• • •		U S A
13. FATHER'S NAME			14. M	OTHER'S MAIDEN N			
John Goet			n]	known			
(Yes, he or unk.) (#	Yes, give wer or dates of services?	16. SOCIAL SECURITY 214-05-		morial		1,Cum	
162 X IMMEDIA ANTECEDE DISEASES OR CONDITI	NT CAUSE(S) DUE TO	Broschio ge	ALC CLYCY	nomes -1	Hung	<u>-</u>	INTERVAL ONSET AN
GIVING RISE TO THE STATING UNDERLYING	CAUSE LAST, DUE TO (C) CONDITIONS CONTRIBUTING						
TO THE DEATH BUT N							
19a, DATE OF OPERATE	ON 196. MAJOR F	INDINGS OF OPERATION					20. AUT
21a. ACCIDENT WAS OR CONTRIBUTING ☐ C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH OF INJUR	CE (Homa, farm, factory, Y street, office bldg., etc.)		DID #NJURY OCCUR		(Co:	anty) (S
21d. TIME OF INJURY	(Month) (Day) (Yaar) (Hot	While - Not while		DID INJURY OCCUR			
22. I hereby ce alive on	clas Hexeror	make of cemel	D. /33 U1	ADDR	LOCATION (City,	e date stations, stata)	ed ebove. DATE
24. REC'D BY REGISTRA	AR REGISTRAR'S SIG			ERAL DIRECTOR'S S		r mounty	ADDRESS
TAN. 3, 195	~ /11:ti	1 manton	1 A Junh	n J. Maf	er Una	arlar	nd. ++ar



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

326	CERTIFICATE	OF DEATH
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Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED ALLEGANY COUNTY MARYLAND COUNTY ALLEGANY (il autside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give neerest town) 39 DAYS OR and give nearest town) CUMBERLAND TOWN CUMBERLAND. MD. TOWN HOSPITAL OR MEMORIAL HOSPITAL STREET (Il rural give location) INSTITUTION OR MEMORIAL & WARWICK AVES .. **ADDRESS** STREET ADDRESS SOUTH STREET [Middle] 3. NAME OF (Last) DATE (Month) (Day) (Year) DECEASED GRAPES THURSTON (Type or Print) DEATH NOV. 55 6. COLOR OR SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED (Specify) MARRIED 4-7-1894 Davs Hours 10+. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or loreign country) 105. KIND OF BUSINESS 12. CITIZEN OF WHAT done during most of working life, even II OR INDUSTRY COUNTRY? Painter PIEDMONT, W.VA. Paintin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES GRAPES VIRGINIA SOURS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Cumberland, 'a. (If Yes, give war or dates of service) 214-07-0301 Gertrude Viola Grapes 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO Z 21a, ACCIDENT WAS UNDERLYING [21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Home, larm, fectory, (County) (State) OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bidg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED (Yeer) 211. HOW DID INJURY OCCUR? Not while et work at work 55, 19....... 10. ... 55., 19..... that I last saw the deceased alive on ... I. I. Jan Zon., and that death occurred at p. ocp.M, from the causes and on the date stated above SIGNATURE 10M ADDRESS (Street, city, town, state) BURIAL, CHEMATION, DATE THEREO! NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) .ari] emeteru REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Silcox Cumberland,

physician.

attending

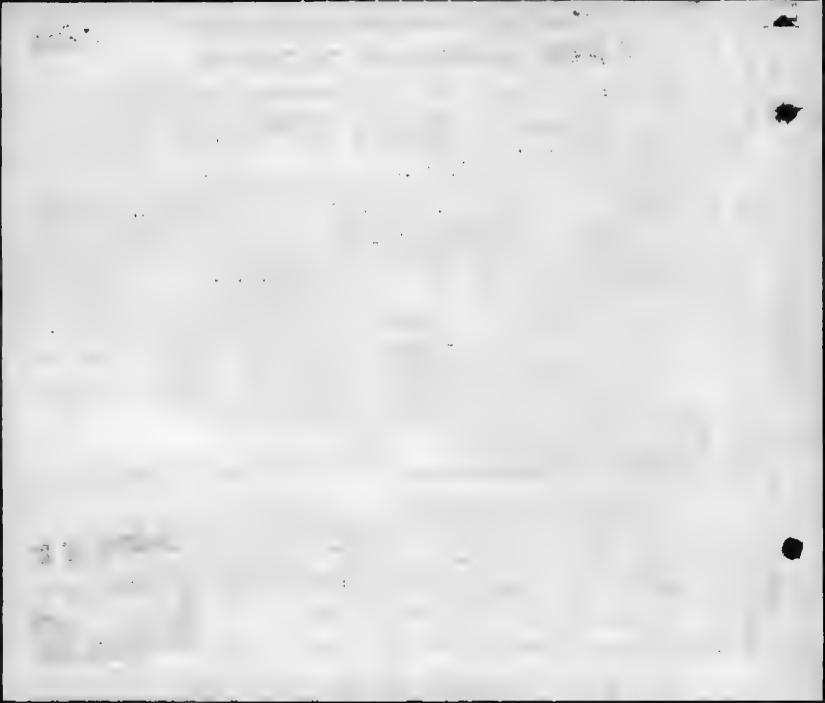
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certificate

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R HOS law by TOR: The ! executed h PHYSICIAN may be retained DIRECTOR: FUNERAL



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director, the

the register within all in by the funeral dire

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with mertificate has been executed by the attending physician and complitely filled death certifical assemily should be diffiched for me as a busial transit mermit.

The bottom copy may be retained by the hospital or attending physician.

Homrs affer death. After

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10335

10366 CERTIFICATE OF DEATH

Reg. Dist. No. .

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany			
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this piece)	STATE Marviand COUNTY Allectory CITY (Woutside Corporate limits, write RURAL and give nearest Town) OR			
TOWN Frostburg Iday	TOWN Frostburg	X		
HOSPITAL OR	STREET (If rurel give location) ADDRESS	1		
/ STREET ADDRESS Miners Hospital	Rt. #2. Zihlman			
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey)	Year)		
(Type or Print) No. 7 7 3 4	DEATH 33 37	9 55		
Nollie Hamil S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O		9 55 DER 24 HRS		
RACE WIDOWED, DIVORCED.	Months Days Hou	rs Min.		
F W (Specify) W1dowed 12-3:	11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF V	I NHAT		
done during most of working life, even if OR INDUSTRY	COUNTRY?			
retired) Housewife Own Home	Borden Mines, Md. U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
William Jones	Sarah Downton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS 127 Hill St.			
(If Yes, give wer or detes of service)	Mrs. John Conrad Frostburg			
	RTIFICATION INTERVAL 8			
T DISCASES OF CONDITIONS DIRECTLY TEADING TO DEATH	13 /3	7/2		
IMMEDIATE CAUSE (A)	S. T. F. F. C.	- w (
ANTECEDENT CAUSE(S) DUE TO	F 111			
DISEASES OR CONDITIONS, IF ANY, (8)				
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	,			
190. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	20. AUTO	_		
		NO		
OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)		tefa)		
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURED White Not while A. et work	2H. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from	, 19 3 , to 19 3 , that I last saw the	deceased		
alive on	ADDRESS (Street, city, town, state) // DATE	CICATO		
SIGNATURE M.D.	Die fire of my seed all	4/)		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)		(Stete)		
Burial 11-15-55 Frostburg	Memorial Park Frostburg Md			
A CA CA	23/E. Main			
DATE 1-15-55 MIS MOLICIA N. ARZ	13 A. Molless of Frostburg Md.			

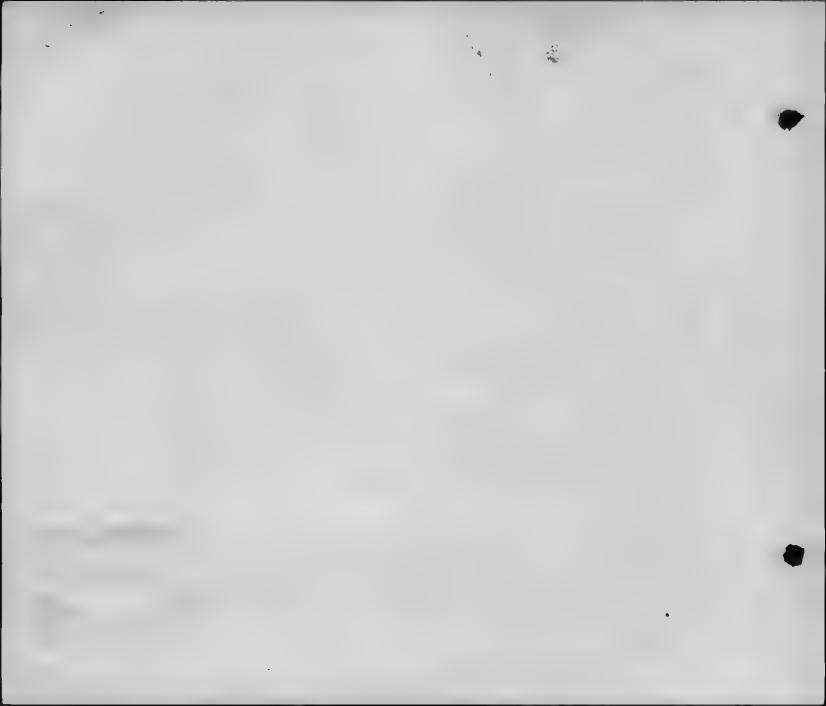




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VS. A15A - 5 - 53

WILLIAM OF PETERS BARD OF MARYLAND STATE DEPA	PTMENT OF H	EAITH DAIT	IMODE	10	10337 Reg. Dist	
MEDICAL EXAMINE				DEATE		H
1. PLACE OF DEATH:	11:	. USUAL RESIDENCE	Е (НОМЕ) О	F DECEASED:		
COUNTY 177000 T	MARYLAND	STATE	COUI	NTY MIN	~ }~~	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside coor TOWN Care DO				t town)
HOSPITAL OR DORT ON CPT.	int the	STREET ADDRESS 21:	(Hr	ural, give location	on)	1
3. NAME OF (First) (MI) DECEASED:		Last)	4. DATE	(Month) (Day) (Year)	
(Type or Print) OVLNA	Troll		DEATH	Nort.	[] 19	4
	orverced,	11-1104	51	rthday: IF UNDER Months	Days Hours	Min.
work done during most of work life / IN	ND OF BUSINESS OR DUSTRY:	11. BIRTHPLACE		reign country):	I2. CITIZEN C	
even if retired) FOR SCIVITO July	w Mane	14. MOTHER'S MAID		1		
John Toonts						
15. WAS DECEASED EVER IN U.S. ARMED FORCES ?! 16 SO	CIAL SECURITY NO : 1	Laura St.				
(Yes, no, or unk.) (If Yes, give war or dates of service)				• ~	1 7	3
	Offic In MEDICAL	ugbond 1735		erring, U	bertai	7d , (
I. DISEASES OR CONDITIONS DIRECTLY LEADING		CERTIFICATION			INTERVAL ONSET AN	
4:2.1	nagy occlusi	on			sulde	
Immediate cause (a)	Lice in the Court of the s	P.25.4.4	* *	* * *	2/201	90 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Antecedent cause(s)	onary sclere	sis			Treat	
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO						10 6
stating underlying cause last						
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUT					1	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH	THE					
19a. DATE OF OPERATION: 19b. MAJOR FINDING					20. AUTO	PSY?
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	(Home, farm, factory, street, office bldg., etc.,	21c. (City or town		(County)	(State)	
21d. TIME (Month) (Day) (Year) (Hour) 21e. IN, OF Whit INJURY M. Work	URY OCCURRED e at Not while at work	21f. HOW DID IN	JURY OCCUI	RY		
22. I hereby certify that I took charge of t						
find that death resulted from: Natural SIGNATURE	causes* Accide	CHIEF	MEDICAL E	XAMINER	etermined ca	
T. V. Jorina It-V. De	ming M. D.	M. D. ASSISTA	MEDICAL NT MEDICA		D 27	IULL
23. BURIAL, CREMATION, DATE THEREOF PUPIL 11-155	St. George's	Cemetery		Savage,		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNAT	TURE	24. FUNERAL DIRE				RESS
100.10.1955 Wills K. Th	suk, M. D.	James F.	Scarpell	1, Cumber	Tand, Md.	-
	0					



copy

72 hours after death. director, the third cop

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certifical be exempted within The bottom copy may be retained by the hospital or attending physician.

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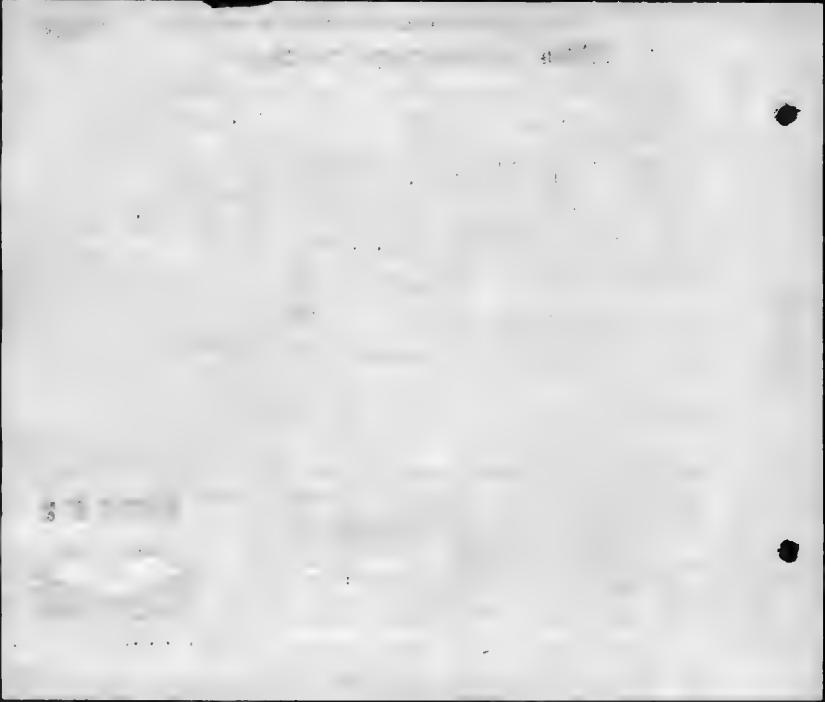
NSTRUCTION.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10329 CERTIFICATE OF DEATH

Reg. Dist. No.... ..

I PLACE OF DEATH		Z. USUAL RESIDENC	E (HOME) OF DECEASE	
COUNTY ALLEGANY	MARYLAND	STATE PENNA	• COUNTY BEDE	PRD
CITY (If outside corporate limits, write RURAL ON ON COMPARTMENT)	(In this ptecs) 3 DAYS	CITY (it outside corporate OR TOWN SAXTO	N Write RURAL and give near	rest fown)
HOSPITAL OR INSTITUTION OR MEMORIAL HOS MEMORIAL &	WARWICK AVES.	STREET ADDRESS	(If rure! give locelion)	
3. NAME OF (First) DECEASED (Type or Print) ALTA	(Middle)	HICKES	4. DATE (Monih) OF DEATH NOV.	(Dey) (Yeer) 21 19 55
THE RACE W	NGLE, MARRIED, IDOWED, DIVORCED, DOCT.	. 0-4	AGE lest birthdey IF UNDER Months	YEAR IF UNDER 24 HR Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	106. KIND OF BUSINESS OR INDUSTRY Family Ownership	11. BIRTHPLACE (State or foreign		COUNTRY?
13. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN NA	ME	·
ELMER BOWSER		CLARA OTT		
1S. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or detes of sa No.		Memorial Hos		
I DISEASES OR CONDITIONS DIRECTLY LEADING	18. MEDICAL CEN			INTERVAL BETWEEN
42 , / IMMEDIATE CAUSE (A)	(17 7 12 4 7	1/200	1-2-	17 · ·
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(/ 7 2 2 7 7 7 2 2	2) (1)to.	1 31 10,00	17 3 3 3
STATING UNDERLYING CAUSE LAST, DUE TO)	•)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Chylore :- 31	ites	
190. DATE OF OPERATION 196. MAJO	R FINDINGS OF OPERATION			20. AUTOPSY? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF IN	JURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) (Coun	dy] (Stele)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended alive on	the deceased from //- 7			
SIGNATURE)	the st		SS (Street, city, town, state)	DATE SIGNE
23. BURIAL, CREMATION, DATE THERE	OF NAME OF CEMETERY OR	CREMATORY	LOCATION (City, fown, or county)	(State)
24. REC'D BY REGISTRAR REGISTRAR'S	4 1955 Methodist	Cemetery F	laiteRARIRIDO	Pennsylvanie
Danemics is 2 10 5 11 into	/ .	1 1 to X 7		71- F



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10330 CERTIFICATE OF DEATH

desth. After	10330 CERTIFIC	ATE OF D		list. No. 4
草芸	1. PLACE OF DEATH	2. USUAL RI	EBIDENCE (HOME) OF DECEA	SED
- to	COUNTY Allegany MARYLAN	D STATE ME	aryland county Al	legany ·
for, #	COUNTY Allegany MARYLAI CITY (If outside corporate limits, write RURAL OR end give neerest town) TOWN Charles 1 and If et a		side corporate fimits, write RURAL and give	nearest town)
72 Bourdirector,	CHIND CT LOTTO	me town Cu	berland, erylan	d
<u>6.4</u>	HOSPITAL OR INSTITUTION OR	STREET	(If rural give loceli	on)
within	street Address Jemorial Hospital		. Center St.	
3 5	3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Month)	(Dey) (Yeer)
ragistrar by the	(Type or Print) Ella Jane	Hilleary	DEATH NOV.	7, 1, 5
	RACE WIDOWED, DIVORCED,	B. DATE OF BIRTH	Month	IDER 1 YEAR IF UNDER 24
÷ :	F W (Specify) Married	June 20, 1877	78 yrs. Monte	
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (SIG		12. CITIZEN OF WHAT
cate be filed with completely filled ial transit permit.	retired) Housewife Cwr. Hoe		nd, ryland	1102
per :	13. FATHER'S NAME	14. MOTHER'S	_	
olet nsii	Peter J. Kelly		a Brennman	
fificate be nd comple urial trans	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or, sink.] [If Yes, give war or datas of service]		MANT & ADDRESS	LN 1 Con
	None None		Catherine Dicks	
, § = -	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHS	CAL CERTIFICATION	,	INTERVAL BETWEEN
as as	221 × IMMEDIATE CAUSE (A) Coredit	al Allina	icho-ge	3 X 27 vi
		1. de 2002 21	(100, 100 100	3
uires that the attending pl	DISPASES OF CONDITIONS IF ANY IRI			1
Ta in Ta	STATING UNDERLYING CAUSE LAST. DUE TO	undied Va	with the desce	7
quires that a attendin detached	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3 DALLES	1	WILLIAM VI
de ta	TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.			1/0 3/11
The law requires that the sed by the attending phe should be detached for u	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
हुठ्ड	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	1 21c WHERE DID INJUR	RY OCCUR? (City or town) (C	YES NO (2)
The lar	OR CONTRIBUTING CAUSE OF DEATH OF INJURY strant, office bldg., etc.)		the second secon	,,,,
=	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR		Y OCCUR?	
E e f	M. et work at wor	k [[]		
Deen o	22. I hereby certify that I attended the deceased from	6 n. 19.48 10	7 Nov. 1955, the	at I last saw the deceas
2 % # E	alive on 1712 Vi, 19.5.5, and that death oc	curred at 4 55 M, from	m the causes and on the date st	lated above.
FUNERAL DIRECTOR: certificate has been exect death certificate assembly VISC 1-55 10M	signature /	1	ADDRESS (Street, city, lown, stele)	PATE SIGN
ER/ Safe cer cer	11 all hid 6 6; de 6 700	M.D. Virril	LOCATION (City, town, or con	7700
ZEE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEI			
ヨナラン				
certificate death cert	Burial II-IO-55 Hillo		ector's SIGNATURE	, d.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CEDTICICATE OF DEATH

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

The law requires that the death

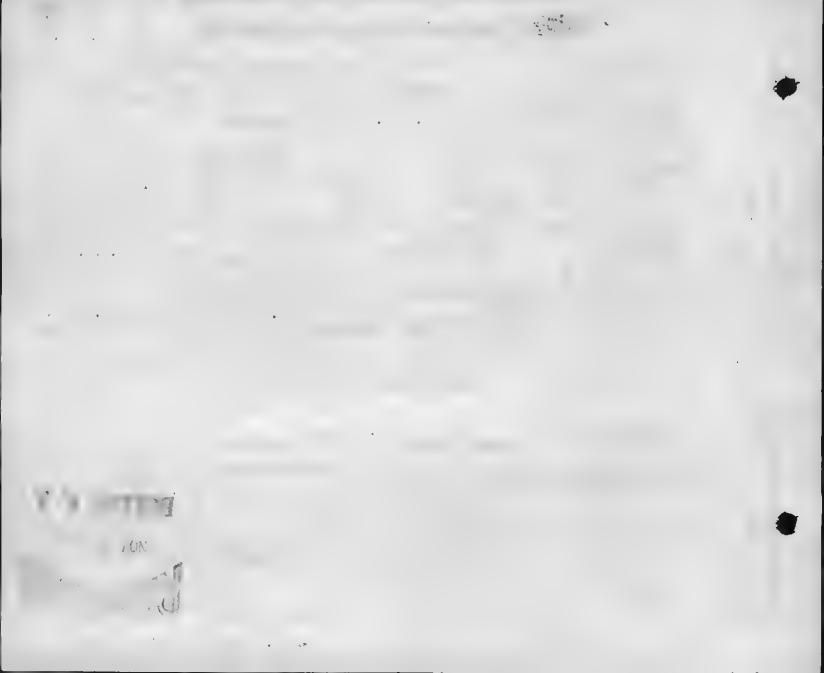
NSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

10340

William H. Kight, Cumberland, Maryland.

				R	leg. Dist. No	·4
1. PLACE OF DEATH		2. UE	UAL RESIDENC	E (HOME) OF	ECEASED	
COUNTY Allegany	MARYLANI	D ST/	Marylan	d county	A11	egany
CITY (If outside corporate limits, write RURAL oR end give neerest town)	LENGTH OF ST.	AY CIT		te limits, write RURAL		O . W
JOWN Cumberland	19 yr. 8	mo. To	WM Cumberla	an d		02
HOSPITAL OR		STR	EET		iva location)	1
X STREET ADDRESS Sylvan Ret	reat	AD	DRESS Nort	h Mechanic	Street	,
3. NAME OF (First) DECEASED	(Middle)	(Last)		4. DATE (Mo	onth) (De)	y) (Year)
(Type or Print) Herbert	Charles	Hyde		DEATH N	ov. 16	1955
5. SEX 6. COLOR OR 7. SIN	GLE, MARRIED, 8.	. DATE OF BIRTH	9.	AGE lest birthdey	IF UNDER 1 YEA	
M RACE WIE	DOWED, DIVORCED,	Unknown		77 yrs.	Months Dey	s Hours Min.
IOa. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS		PLACE (Stelle or foreign		1 12. CII	TIZEN OF WHAT
done during most of working life, even N refired) Butcher	or industry Self employed	۵				DUNTRY?
13. FATHER'S NAME	Dett emptoyed		OTHER'S MAIDEN NA	Virginia	U.S.	o.Ph. o
Henry Hyde			Mary ?			
IS. WAS DECEASED EVER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY	Y NO. 17	. INFORMANT & AD	DRESS		
(Yes, no, or unk.) (N Yes, give wer or detes of serv	/ice}		Mrs Anr	ne Hyde, Va	allew St.	Cumb -
7	18. MEDIC	AL CERTIFICAT		10 119 40 9 11		NTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH			1-		DINSET AND DEATH
4 IMMEDIATE CAUSE (A)	aron	is my	cardite	-6		
ANTECEDENT CAUSE(S) DUE TO	lan	for all.	de stess	cosele		7
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	rounce	crax	20100	10 sac	200	,
STATING UNDERLYING CAUSE LAST. DUE TO	Cafe.	0-20	Zo Bu	Exition.		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G -				9.10	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDIT ON CAUSING DEATH.	Schuz	& pkrell	un pa	racerco.	- gpe	1946087
19e. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION	U .		•	7	20. AUTOPSY?
210. ACCIDENT WAS UNDERLYING 216. P	A DOT COLOR OF THE PARTY OF THE	, ot water				YES NO
	LACE (Home, ferm, factory, URY streat, office bldg., etc.)	21c. WHERE	DID INJURY OCCUR?	(City or town)	(County)	(Steta)
21d. TIME OF INURY (Month) (Dey) (Yeer) (F	Hour) 21e. INJURY OCCURRED While Not whi		DID INJURY OCCUR?		-	
	M. et work et work					
22. I hereby certify that I attended	the deceased from	U. 2., 195	72, 10 NO	0.16,195.	that I last	saw the decease
alive on 7,00, (5, 19.5)	, and that death occ	curred at 10 304	C.M., from the car	uses and on the	date stated ab	ove.
SIGNATURE	Sol			ESS (Street, city, to		DATE SIGNE
- Haulo 6	· / Lhear	W.D.	495	recel	87,	11-16-5.
23. BURIAL, CREMATION, DATE THEREO	F NAME OF CEMI	ETERY OR CREMATOR	Y Y	LOCATION (City, toy	va, or county)	(State)
Burial Nov. 18	, 1955 Rose Hi	ill Cemete	ry	Cumberlar	nd, Maryl	and
24. REC'D BY REGISTRAR REGISTRAR'S	SIGNATURE	25. FU	VERAL DIRECTOR'S SI	GNATURE	ADDR	ESS







The bottom copy may be retained by the hospital or attending physician. Funeral presents of a secured within 24 hours after death. erate limit the registrar within 72 hours after death. After in by the funeral director, the third copy of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10334 CERTIFICATE OF DEATH

10343

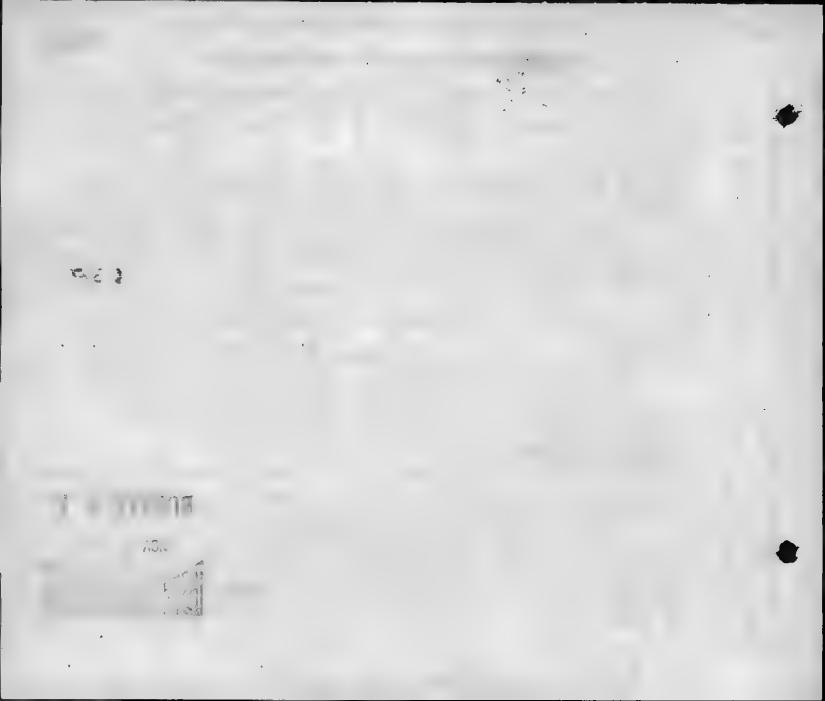
Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	state haryland county Allegany .
CITY (Il outside corporete limits, write RURAL LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest lown)
Town Cumberland 29 Years	TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 504. Columbia Ave	STREET (Il rural give location) ADDRESS 504. Columbia Ave
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
	Kreger DEATH Nov 19 ,, 55
Female 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, 5. Section 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, 7. SINGLE, MARRIED, 7. SINGLE, MARRIED	y 2 0 1879 9. AGE lest birthdey Wonths Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired) 10use wife	11. BIRTHPLACE (Siete or loreign country) Penna 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward Lungenfelter	14. Mother's Maden Name Sarah Clevenger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or wnk.] (If Yes, give wer or detex of service)	Wrs. Betty Stitcher Cumberland Ld.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
HO IMMEDIATE CAUSE (A) LA HELLOSC ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	
TO THE R SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (F ETHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or fown) (County) (Siete)
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work el work	III. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 1955, to Nov. 19, 1955, that I last saw the deceased
alive on Walter 19, and that death occurred at	ADDRESS (Sireet, city, town, stete) DATE SIGNED
23/ BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	Z. N. Cas Fre St. CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) Burial Nov 22 1955 Jersey Cer	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
In this ton	Byron Kight Cumberland Id

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

PS ATTINODES

carporate limits MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10335CERTIFICATE OF DEATH Dr. weisman Reg. Dist. No. hours after actor, the this 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH countyAllegany STATE Maryland county Allegany 72 hours director, CITY (if outside corporate limits, write RURAL and give nearest town) (It outs de corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this place) 02 town Cumberland TOWN Days Cumberland STREET (If rural give location) HOSPITAL OR STREET ADDRESS ADDRESS within Memorial Hospital 100 Ind@pendence (Farst) (Middle) (Last) (Yaar) 3. NAME OF DECEASED 55 John Laber DEATH (Type or Print) 7. SINGLE, MARRIED. 9. AGE last birthday LIF UNDER 24 HRS 6. COLOR OR 8. DATE OF BIRTH IF UNDER 1 YEAR WIDOWED, DIYORCED. Lale RACETO Months Hours (Specify) Jidowed 21875 Hovember the 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Giva kind of work SH OR INDUSTRY dona during most of working life, even if Maryland retired Janitor Celenese Corp 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME completely Margaret Glodhart John Laber physician. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS requires that the death certificate (Yes no, or unk.) (If Yes, give wer or dates of service) 217-10-4468 Mrs. Bessie Myers, Cumberland, Lld. INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH by the hospital or attending physician CIRRHOSIS NKNOWN THE LIVER OF IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. e attending ph detached for u DUE TO (hole lithiasis II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. WHOPSY? 19a. DATE OF OPERATION TO FUNEXAL DIRECTOR: The law certificate has been executed by NO be retained 21c. WHERE DID INJURY OCCUR? (City or town) 214. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While. sower un al work at work 22. I hereby certify that I attended the deceased 13 hov 19) 5 that I last saw the deceased or has be and that death occurred at 5:43PM, from the causes and on the date stated above. alive on 12/VCT (cura lan. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION Frostburg Memorial Cem Nov 16 1955 Frostburg. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR William H. Kight. Cumberland. Md.





0

E DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: carefully. The COUNTY 477 OCANT COUNTY MARYLAND STATE Allegany CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) (in this place) OR and give nearest town) Curiberland TOWN STREET (If rural, give location) HOSPITAL OR ADDRESS INSTITUTION OR STREET ADDRESS 12 Humbird St. information death clearly (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) larion Laley DEATH 19 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday: IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR 8. DATE OF BIRTH: RACE: Months Days (Specify): gin: 70 white t t 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of work life, INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT ly every item of COUNTRY? Town Creek, Allegany 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: James Laley Ellen Athev 16. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: I7. INFORMANT & ADDRESS: (Yes, no. or unk.) (If Yes, give war or dates of Irs. George At au-117 Humbird St. City service) Supply 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Shock also birns, 3rd. Immediate cause Antecedent cause(s) Press came! fire from a ras plate. (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE LY, WITH important. DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yee No D: 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) OF street office bldg., etc., PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. בור ב [מוטין - יין) PLAINI pecially 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED Not while While at 0-1977 work [at work FR 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and RITE is es find that death resulted from: Natural causes [, Accident 1 , Suicide [, Homicide [, Undetermined cause [, CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE ₩ We ASSISTANT MEDICAL EXAM 23. RURIAL, CREMATION, | DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION Wity, 10wn, or county) MEMOVAL /Specify) :

Œ 2 PLEA



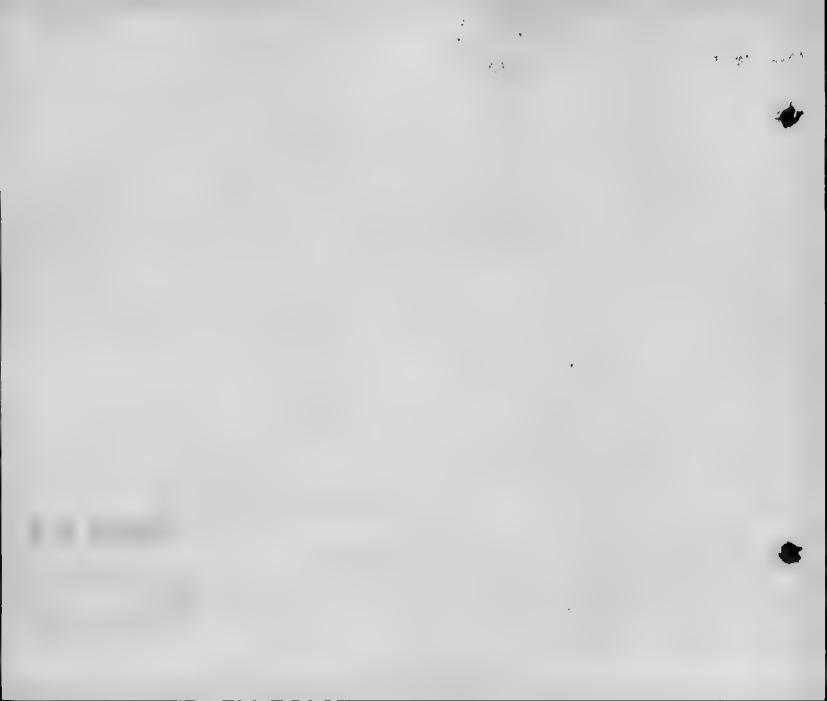
EPARTMENT OF HEALTH—BALTIMORE, 18

212	******					271273222	TO TOLLY	JE 4.7		-
MED	ICAL	EXAM	INER'S	CE	RTIFICA	TE	OF	DEATH	No.	

1. PLACE OF D							
	EATH:			2. USUAL RES	IDENCE (HOME)	OF DECEASED:	
COUNTY	Allera	Y	MARYLAND	STATE		JNTY ATT	acana
CITY (If outs OR and give	de corporate limits	, write RURAL	LENGTH OF STA	OR		its write RURAL	and give nearest to
HOSPITAL OF INSTITUTION STREET ADD	or 216 N	er Tannsh	ino Arro	STREET ADDRESS	11)	rural, give locati	ion) /
3. NAME OF DECEASED: (Type or Prin	(First)		iddle)	(Last) Levis	4. DATE OF DEATH		(Day) (Year)
forcle	6. COLOR OR RACE:	7. SINGLE, MA WIDOWED, (Specify):	DIVORCED.	TE OF BIRTH:	9. AGE last 1		Days Hours B
work done	CUPATION (Give during most of w	kind of 10b. K ork life, II	IND OF BUSINESS OUSTRY:	OR 11. BIRTHE	LACE (State or f	oreign country):	12. CITIZEN OF V
13. FATHER'S N		···· ·································			MAIDEN NAME:		
Cyrus	1. Fisher			Laure	gan con		
15. WAS DECEAS	ED EVER IN U.S. ARM (If Yes, give war service)	MED FORCES? 16. Se or dates of	OCIAL SECURITY No.:	17. INFORMANT	٠. الله ١٠	** ***	'ina 'ya.
1.0	DELTITO)		00. e	CAL CERTIFICAT	<u>ne D. Levi</u>	<u>s,Jr ber</u>	rlani, l.
Immediat	e cause	(a)	ocardial 1	cilure	*****	V + + 1 1 4144777	- TRATE
Diseases or giving rise stating und	to the above cause erlying cause last	(e)	idino-77000°	.cr-renal	disc. 10		
Diseases or giving rise stating und II. OTHER SIGN TO THE D	conditions, if any, to the above cause	(e) TONS CONTRIBUTED TO	TING	.cr-renal	disc. no		
Diseases or giving rise stating und II. OTHER SIGN TO THE DIDISEASE OF	conditions, if any, to the above cause erlying cause last IFICANT CONDITION CATH BUT NOT CONDITION CATH BUT NOT CONDITION CATHERATION: 19th	(c) TONS CONTRIBU RELATED TO USING DEATH MAJOR FINDIN	TING THE G OF OPERATION:				20. AUTOPS
Diseases or giving rise stating und II. OTHER SIGN TO THE DIDISEASE OF 19a. DATE OF 21a. EXTERNAL	conditions, if any, to the above cause erlying cause last IFICANT CONDITION CATH BUT NOT CONDITION CATH BUT NOT CONDITION CATHERATION: 19th	(c) TIONS CONTRIBUTED TO USING DEATH. MAJOR FINDIN	TING THE G OF OPERATION: (Home, farm, factor street, office bldg, et	y, 21c. (City o	r town;	(County)	
Diseases or giving rise stating und II. OTHER SIGN TO THE DIDISEASE OF 19a. DATE OF 21a. EXTERNAL PRIMARY OCAUSE OF DE	conditions, if any, to the above cause erlying cause last IFICANT CONDITION CATE CONDITION CATE CONDITION: 19th CAUSE WAS TOONTRIBUTING ATH.	(c) CONS CONTRIBUTED TO USING DEATH. MAJOR FINDIN 21b. PLACE OF INJUR (Hour) 21e. IN White	TING THE G OF OPERATION: (Home, farm, factor street, office bldg, et	y, 21c. (City o		(County)	Yes 🗆 No

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



certificate be executed within

The law requires that the death INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

this this

24 hours after death.

10348

WILLIAMS SERTIFICATE OF DEATH

Marilla A Bor ete litt , >

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	ED
COUNTY ALLEGANY	MARYLAND	STATE MARYLA	ND COUNTY A	LLEGANY
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (It outside corpor	ete limits, write RURAL and give no	
OR and give necrest town) TOWN CUMBERLAND	(in this ploce) 53 DAYS	TOWN LA V	ALF	V
HOSPITAL OR	1 /3	STREET	(If sural give location)
INSTITUTION OR MEMORIAL HOSPITA	L	ADDRESS 250 N	ATIONAL HIGHWAY	7
DECEACED	Aiddle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) ALICE	LITZENBURG		DEATH NOV.	13, 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, D.V.	DRCED.		Months	Deyx Hours Min.
FEMALE WHITE (Specify) MARI		EMBER 7,1878	76 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired # 0115 & U: 1-2	O OF BUSINESS INDUSTRY	11. BIRTHPLÄCE (State or foreign Penn.	in contra)	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
FRANK GILCRIST		MARY EAR	NEST	
	SOCIAL SECURITY NO.	17. INFORMANT & A		
(Yas, no, or unk.) (If Yes, give wer or deles of service)	77.17 E.	MEMORIAL HO	DSPITAL - CUMBER	RLAND, MD.
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1	5/2		ONSET AND DEATH
IMMEDIATE CAUSE (A)	N. (- 7 /2 .	147.27.27	16 2 200 -	1 2/200 34
ANTECEDENT CAUSE(S) DUE TO		1 - 2	- : Jan.	16:00
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	The tell	LOVIE COTT	Fre E Colon	7.7.5.32
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Chill City	7 12 2		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS C	F OPERATION			20. AUTOPSY?
				YES NO
21s. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, of Iff ETTHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR	? (City or town) (Co	unty) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. While at wo		21f. HOW DID MJURY OCCUR	?	
		10 1/10/1/	= / 3105	1 1-4
22. I hereby certify that I attended the decear				
alive on 19 1, and	that death occurred at		auses and on the date stat PESS (Street, city, town, state)	ed above. DATE SIGNED
)1. 77) 1. 166 x	C. Serry M.D.	(7)	(Siest, City, Idwit, Siest)	1/-/'-
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, Igwn, or soun	ly) (State)
REMOVAL (SPECIFY)	Rose 16	all mite;	l'is interest of	d mai
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 / 4 4 / 1	25 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE 11-15-53. Wenter 1	P. Frante M.	1 King of the	" Too Cun	Mustant 17

DECENTED V. C.

-

MSTAUCTION

2

Items 1,2.Film JR9 11-16-55 et CERTIFICATE OF DEATH

Outside

10349

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ATTICITY MARYLAND	STATE COUNTY AT TYPE			
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	COUNTY (if outside corporate limits, write RURAL and give nearest fown)			
OR and give nearest town! (In this place)	OR			
Near) 26 Jus	TOWN ////// Cumberland-Rural	13		
HOSPITAL OR	STREET (If sural give location)	1		
INSTITUTION OR STREET ADDRESS	ADDRESS			
STATE ADDRESS STUBBLE THE WAS TIVE TO THE	במודר ו ידון זור וכן רכ			
3. NAME OF (First) (Middle) DECEASED		(Year)		
(Type or Print)	OF DEATH 33 P CC			
COL 3 D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19		
RACE WIDOWED DIVORCED		DER 24 HRS.		
(Spacity)	1	urs Min.		
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. MRTHPLACE (State or foreign country) 12. CITIZEN OF	14/114 V		
done during most of working life, even if OR INDUSTRY	II, SIKTHPLACE (State or loreign country) 12. CHILEN OF COUNTRY?	MUNI		
retired)				
13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME			
16) 15211190 # 12520#.	14. Modified a monthly 1970m			
JOHN TOCHNER	MARY FRITZ			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			
{Yas, no, or unk.} (If Yas, give wer or detes of service)				
7	CHART			
/ 18. MEDICAL CE	ERTIFICATION INTERVAL !			
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AN	ID DEATH		
42. MMEDIATE CAUSE (A) Commany	Occhusia 301	m_		
14				
ANTECEDENT CAUSE(S) DUE TO	U. M. Y.D	111-		
DISEASES OR CONDITIONS, IF ANY, (8)	centre mus possesso	-		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE	Lu. D. C.			
DISEASE OR CONDITION CAUSING DEATH.	Action (1)	-e.e. ~		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUT	OPSY?		
	YES _	NOV		
21a ACCIDENT WAS UNDERLYING 21b. P.ACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (S	State)		
OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.]				
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?			
While Not while	All the pip hours of the			
M. at work L at mork L				
22. I hereby certify that I attended the deceased from July.	19.55, to 11.77, 19.50, that I last saw the	dacastad		
	· · · · · · · · · · · · · · · · · · ·	0000000		
	at			
SIGNATURE	ADDRESS (Streat, city, Jown, stets) DATE	BIGNED		
Leon Charles M.O.	600 100 1 /2 d 11-7	- 1 -		
23 BURIAL, CREMATION, / DATE THEREOF / NAME OF CEMETERY O	R CREMATORY LOCATION (City, town, or county)	(State)		
REMOVAL TSPECIFY) / /	7- 3 0 1	formial		
Durial //- 10-57 Freethur	olluwical ack Front king Mel.			
24. REC'D BY REGISTRAR / REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
De	(En) I CA A L	ned		
DATE LOT. 1, 1953 Wenter K orcary	Collemant I Had Merlings	ut		
	2.1/			
	~/ <i>N</i> ~			



da su	WINTER I TINETAL	DELLE	INDI ALICEMIANA	VI OI	ALKS/ALIATIA—	-DWILL	moreiz,	LO ,	- Mr. 9.	AF 1 G
ME	DICAL	EXAM	INER'S	CEI	RTIFICA	ATE	OF	DEATE	I No.	4

ပ္ မ	s by Across By Tames	LA VIANA E BROTTONIA MANAGEMENT OF STORY						
De De	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:						
	COUNTY 170000 MARYLAND	STATE COUNTY 1770-0						
fully. legib	CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN						
Supply every item of information carefully. The write the causes of death clearly and legibly.	HOSPITAL OR ZINSTITUTION OR STREET ADDRESS Doute 4 5	STREET (If rural, give location)						
	11) pe di Tille,	(Last) 4. DATE (Month) (Day) OF DEATH	19 55					
	RACE: WIDOWED, DIVORCED, (Specify); Tr ed Doc.		ys Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retified Stress	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY!					
H N	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:						
E S	Louis Lee	argaret Hendrichson						
ply ev	15. Was Deceased Eyer In U.S. Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	it. INFORMANT & ADDRESS:	c', t.6					
Sur		AL CERTIFICATION	INTERVAL BETWEE					
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Acute cardiac failure Immediate cause (a)							
NG I	Antecedent cause(s) Chronic myocarditis							
UNFADING INK. Physicians: please	Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)		,					
	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
WITH ortant.	190. DATE OF OPERATION: 190. MAJOR FINDING OF OPERATION:		20. AUTOPSY?					

SIGNATURE

21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, street, office bldg., etc.,

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY at work work []

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes [♣, Accident □, Suicide □, Homicide □, Undetermined cause □.

23. BURIAL, CREMATION,

DATE REC'D BY LOCAL

OF CEMETERY OR CREMATORY Peter & Pauls Cemetery

21c. (City or town)

21f. HOW DID INJURY OCCUR?

John J. Hafer, Cumberland, Md

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

Cumberland, Maryland

(State)

(County)

ADDRESS

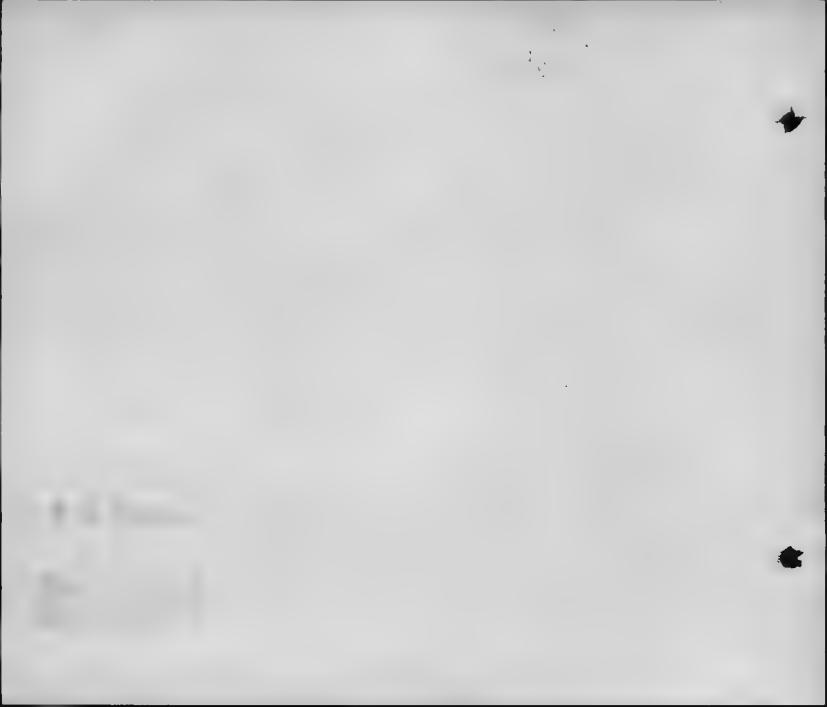
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PLEA



古 충 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 After ö Dr Grove 10351 1034 CERTIFICATE OF DEATH copy er death. third con Within corporate find. Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Allegany STATE W. Va. hours MARYLAND 72 hour director, CITY (If outside corporete limits, write RURAL LENGTH OF STAY CITY (if outside corporate limits, write RURAL and give pearest town) (in this place) OR end give neerest town) TOWN Ridgelev 02 TOWN Cumberland Davs HOSPITAL OR STREET (It ruret give location) INSTITUTION OR **ADDRESS** within STREET ADDRESS Memorial Hospital Route 3. NAME OF (Middle) (Dey) (Last) 4. DATE (Month) (Year) DECEASED registrar by the 1 Henry Washington Malone DEATH (Type or Print) 13 19 55 5. SEX COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED. Male (Specify) Larried Dec. 11, 1881 ₽.E 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, evan if OR INDUSTRY COUNTRY? retired gatir d carrens helper Patterson Creek. H. Va. B. O. Rwy. U. S. 13. FATHER'S NAME filed completely Michael M Malone Alice Alkire physician. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS death certificate (Yes, no, or unk.) 705-07-9760 Mrs. Sally Malone Fort Ashby. W. Va. INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician 1 IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. e attending pl detached for a law requires II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 9 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO death certificate assembly should 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) The (IF EITHER, NOTIFY MEDICAL EXAMINER) TO FUNERAL DIRECTOR: 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work at work peen 22. I hereby certify that I attended the deceased from //- L -15 1922 that I last saw the deceased alive on 11-13 certificate has SIGNATURE ADDRESS (Streat, city, town, state) A15C 1-55 23, BURIAL, CREMATION, LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Purial l'ear Fort Ashby. Malone Cematery S 24. REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE Charles L. sor e DATE //-/3-03 Comberland, Md.

and on Mi

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10352

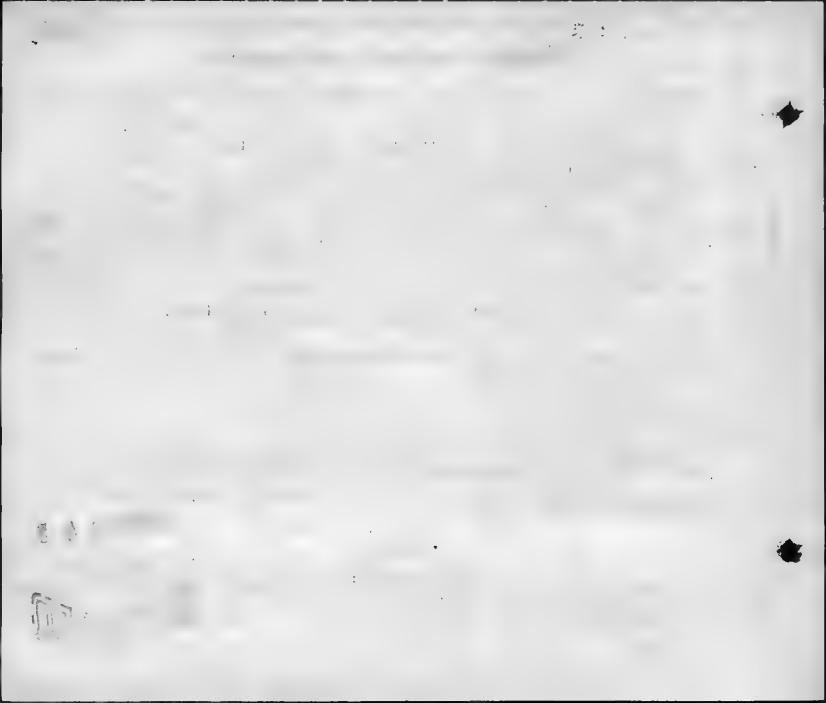
10342CERTIFICATE OF DEATH

Reg. Dist. No......

1. PLACE OF DEATH			1	2. USUAL RESIDENC	E (HOME) OF D	ECEASED		
COUNTY ALLEGAN	.Y	MARYLAN	D	STATE MARYLAN	COUNTY	ALLEG	ANY	
CITY (It outside corporete lim OR end give nearest town)	Is, write RURAL	LENGTH OF ST		CITY (Il putside corpore OR	te limits, write RURAL e	nd give nestest	iown)	
JOYTOWN CUMBERLAN	Ol	D/	YS	TOWN CUMBER	LAND			2.
HOSPITAL OR INSTITUTION OR MEMORI STREET ADDRESS MEMORI	IAI HOSPITAI	······		STREET ADDRESS OV FILE		ve location)		1
					TH STREET			
DECEASED	rst)	(Middle)		(451)	4. DATE [Mor	ith) (I	Dey) (Ya	mr}
(Type or Print)	ILLIAN	Р	IM.	LLER	DEATH	NOV 29	19	55
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRI WIDOWED, DIV	ED,	. DATE OF 8	IRTH 9.	AGE lest birthday	Months C		
FEMALE WHITE	(Specify) MAR	RIED	OCTOBE	R 15 I858	57 yn.	Montal	Days Hours	Min.
10e. USUAL OCCUPATION (Give kindere during most of working li		ID OF BUSINESS	11.	BIRTHPLACE (State or foreign	country)		CITIZEN OF WH	AT
rollred Stock Fre	aration A		oer Ti	re Plant-Cu	burland		SA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA				
-	THOMAS REXXEE	X TROXEL	J.	AMIMAL.	ROBINETTE			
15. WAS DECEASED EVER IN U. S.		. SOCIAL SECURIT		17. INFORMANT & AD				
	or or detec of service)	manan da Nobel aleksir v	3'300	7 1. (7)	4.7	7 = 41.	a.	
ilo 11 L	<u> </u>	18. MEDIC			CC .	A LUI	NTERVAL BET	WEEN
I DISEASES OR CONDITIONS DIRE	CTLY LEADING TO DEATH		3,7				ONSET AND D	EATH
24/X IMMEDIATE CAUSE	(A)	eronce	May	ocarelitis	C		5 let	么.
ANTECEDENT CAUSE(S	DUE TO	×	-	1				
DISEASES OR CONDITIONS, IF A	NY, (B)		seen	nouse	Lev			
GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE LA	AST. DUE TO	Brosse	heat	ocarditis uponsa asthu	cla		127	sa
TO THE DEATH BUT NOT RELATED	IS CONTRIBUTING				fortis		- 0	٥,١
DISEASE OR CONDITION CAUSIN	IG DEATH.	rela-c	renel	x correge	firele s	,	5 200	(2
19a. DATE OF OPERATION	196. MAJOR FINDINGS	OF OPERATION					20. AUTOP	
21. ACCIDENT WAS UNDERLYING	D 21b. PLACE (Home	torm Instant	1 210	WHERE DID INJURY OCCUR?	(Che er terre)	(County)	YES NC	
OR CONTRIBUTING CAUSE OF DE	ATH OF INJURY street, (IER)	office bldg., etc.)				(County)	12146	
21d. TIME OF INJURY (Month) (I	Whi	INJURY OCCURRED Not who ork of work	ille 🖂	HOW DID INJURY OCCUR?				
22. I hereby certify that	t Lattended the dece	sed from Oli	7.10,	1953 Wer.	29 1053	that I la	ct saw the de	ceased
alive on stor 29	10 55 and	that death acc	wood all o	O.I.PM, from the ca	erer and on the c	late stated		coused
SIGNATURE,	/ /		.ulled diz.e.	ADDRI	1565 (Street, city, tow	n, state)	DATE SI	GNED
Plearl.	Lurr		M.D.	Cumber	loud -	me	11/29/5	-2-
23. BURIAL, CREMATION,	DATE THEREOF	NAME OF CEM			LOCATION (City, town	n, or county)	1 1	State)
REMOVAL (SPECIFY)	I2-2-55	Hiller	c. et D					
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	1 117 . 701	. CDC 17	Surial Park	GNATURE	AD (e PPI)	PRESSING	
h	71 to 0 >	f. t.n	2)	1_	x 214		Trans	
6 PM 3 1055	1/1/1/1/1/1/1	13 11 11 11 11	1 -1 11		17 2 4 4 19 W	7 -		

The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The faw requires that the death certificate be filed



The law requires that the death certificate be executed within

72 hours after death director, the third co

registrar within by the funeral

å.e

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PITTSICIAN OR HOSPITAL:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10353

10377 CERTIFICATE OF DEATH

Reg. Dist, No.

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
COUNTYllegany	MARYLAND	STATE - ATTI	and county 11	le ny
CITY (II outside comparate limits, write DLIDA)	LENGTH OF STAY	CITY (If outside con	porata limits, write RURAL and give	ve nearest town)
X Town hard give nearest town) X town haral Carberland	(in this place)	OR TOWN Party	1Cu be,larc	×
HOSPITAL OR	No te rs	STREET	/ (If rural give loc	ation) /
INSTITUTION OR STREET ADDRESS Baltimore Pik		ADDRESS		a make "
			ltimore Pike	
DECEASED	(Middle)	(Last)	OF	(Day) (Yaar)
(Type or Print) Margaret E	lizabeth	Miller	DEATH NOV	, 43 19 55
5. SEX 6. CO. OR OR 7. SINGLE, MARRIE	FD, 8. DATE O	F BIRTH	O ACE last highlight IE	UNDER 1 YEAR IF UNDER 24 HRS
F RACE WIDOWED, DIV (Specify)	pried July	13. 1905	50 ym. Moi	nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. K!N		11. BIRTHPLACE (State or for		I 12. CITIZEN OF WHAT
done during most of working life, evan if OR	INDUSTRY			COUNTRY?
refired Housekeeper at Home		Maryland		~ ,1
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
George .Haraman		Arintha	Mann	
	. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yas, no, or unk.) (If Yas, give wer or detas of service)	30-96-9-20	'alter	I. Miller Ca	muerlard. 1.
	18, MEDICAL CER			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			,	ONSET AND DEATH
170 X IMMEDIATE CAUSE (A) 3	rain Tu	mor (Care	moma)	3 mo
ANTECEDENT CAUSE(S) DUE TO		0 4/	noma) 1 etastatico,	\ // .
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	cinoma of	Breast (n	1-elastatec	1 Tyrs.
STATING UNDERLYING CAUSE LAST. DUE TO	Ü			
(0)				<i>V</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO Z-
21a, ACCIDENT WAS UNDERLYING 21b, PLACE (Home OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, o		tic. WHERE DID INJURY OCC	UR? (City or town)	(County) (Stata)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	The state of the s	04 11011 010 01111111 000	140 5	
Whit	a Not white	211. HOW DID INJURY OCC	UK?	
	ork L at work L			
22. I hereby certify that I attended the decea	sed from O.C.	, 1955 , to M.s	., 19.5.5, 1	hat I last saw the deceased
alive on 1 90 23, 19,5 5 and	that death occurred at	3 15 PM. from the	causes and on the date	stated above.
BERTATURE 1 /1	>	ADI	RESS (Street, city, town, sta	(a) DATE SIGNED
Buildet AB, Toxel	lic M.D. 1	75 (1111)	Gerland	nid
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, Iown, or	county) (State)
REMOVAL (SPECIFY)				* *
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Pleasant J.	rove Cem.	Camberlan.	ADDRESS
4	7 -1	25. FUNERAL DIRECTOR		
May 27 1955 TINUTE -	30.15 M.1	* TAM	July Der	land.



4 Lours af In death.

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE, 1	18
		A:		

10354

Ttor. 8, Film CIRO 11-16-55 WHEN THE STATE OF DEATH

Reg. Dist. No.

" PERCE OF BERTH		Z. USUAL RESIDER	CE (HOME) OF DECEM	SED
COUNTY ALLEGANY	MARYLAND	STATE MARYLA	ND COUNTY	ALLEGANY
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	ete limits, write RURAL and give	e neerest town)
OR end give nearest town) CUMBERLAND,	4 DAYS	TOWN CI	UMBERLAND R.	D. # 6 X
HOSPITAL OR MEMORIAL HOSP	IATI	STREET	(If rural give locat	tion)
STREET ADDRESS MEMORIAL AVE.		ADDRESS	ist Grove	
3. NAME OF (First)	(Middla)	(Lest)	4. DATE (Month)	(Day) (Yoar)
Type or Printi MR MICHAEL	Henry	MILLER	DEATH NOV	• 3 19 55
5. SEX 6. COLOR OR 7. SINGLE,	MARRIED, 8. DATE O	F BIRTH	AGE lest birthday IF U	NDER 1 YEAR IF UNDER 24 HRS.
110 45	MARRIED JUNE	17 1885	70 yrs. Mont	this Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work dona during most of working life, evan if	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forai	an country)	12. CITIZEN OF WHAT
	morial Hosp.	PENNAYLVINI	Δ	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN I		
PETER MILLEER			ANN PRICE	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	212-18-1792	MEMORIAL HO	SPITAL, CUMBERL	AND, MD.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO D	18, MEDICAL CER	TIFICATION		INTERVAL BETWEEN
1 DISEASES ON COMMINGING DIRECTED EEADING TO D	7	-000		ONSET AND DEATH
, MAMEDIATE CAUSE (A)	ratonsau	red arter	- Muyot	
ANTECEDENT CAUSE(S) DUE TO	No. 2	an old!	Lane Cu	
DISEASES OR CONDITIONS, IF ANY, (B)	with von	scular di	ourse (U)	oucia
STATING UNDERLYING CAUSE LAST. DUE TO	antis and	euryon (c	abdomina	2
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0.07			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF GERATION 196. MAJOR FIND	DINGS OF OPERATION CLEVE	city Dina	Horacel	20. AUTOPSY?
216. ACCIDENT WAS UNDERLYING 216. PLACE OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY S	(Homa, tarm, fectory, draet, office bldg., etc.)	Ic. WHERE DID INJURY OCCUR	? (City or town)	(County) (Stata)
21d, TIME OF INJURY [Month] (Day) (Year) [Hour]	21e. INJURY OCCURRED	TH. HOW DID INJURY OCCUR	?	
M.	While Not while at work			
22. I hereby certify that I attended the	deceased from 0.3	24 1955, 10 //	19.5.15., th	at I last saw the deceased
alive on 11. 3, 19.5.8	, and that death occurred at.	4:20PM, from the c	auses and on the date	stated above
SIGNATURE ()			LESS (Street, city, town, state	
A. J. Wille	and M.D. V.	emborlo	and hed	11-4-55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or co	ounty) (State)
buric1 11/6/55	Rose Hill Ce	meterv	Cumberland,	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	ATURE	25. FUNERAL DIRECTOR'S		ADDRESS
DATE NOV. C. 1955 Wester	1 R. Diranty M. D.	Charles L. G	eorge Cumber]	land, Me.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18
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MEDICAL EXAMI	NER'S CEI	RTIFICATE	ע עט ע	EATE	L No 7
I. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED:	
COUNTY 177 CCD. T	MARYLAND	STATE 1	COUNTY	A77 ,~	
CITY (If outside corporate limits, write RUI OR and give nearest town)	RAL LENGTH OF STA	OR	corporate limits wi	rite RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS TO TOP TO TO	com to 7	STREET ADDRESS	. "	give location	on)
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (OF	Month) (Day) (Year)
RACE: WIDO'S (Specification)		TE OF BIRTH:	9. AGE last birthd	rs. Months	1 YEAR IF UNDER 24 HRS.
even if retired): (Milla			land Nd.		1 1
13, FATHER'S NAME:		14. MOTHER'S MAI			′
Lovis 1. Miller		Filla			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	16. Social Security No:				
service)	no e	Le orial To	d 3d 1 .aU	No are and find	
I. DISEASES OR CONDITIONS DIRECTLY LI		CAL CERTIFICATION	A Superior Notes	<u> </u>	INTERVAL BETWEEN
9/6. O Immediate cause (a) S	ading to DEATH:	cal certification	rce turis	7£ 70	ONBET AND DEATH
9/6. O Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating underlying cause last	eading to death:	CAL CERTIFICATION	rce turis	7£ 70	ONSET AND DEATH
9/6. O Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause OUE TO DUE TO DUE TO	anding to DEATH: acting also 2 for the line to the li	cal certification	rce turis	7£ 70	ONBET AND DEATH
9/6. O Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED	ading to death: och also 2 f	cal certification 3.3 3r . do; cir line(fr	rce turis	7£ 70	ONBET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH PRIMARY El or CONTRIBUTING CAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY El or CONTRIBUTING CAUSE OF DEATH.	ADING TO DEATH: OC 2 2 5 2 5 2 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cal certification 3. 3r . do in line(fr	rce turns	of ho	ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH PRIMARY El or CONTRIBUTING CAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY El or CONTRIBUTING CAUSE OF DEATH.	ADING TO DEATH: OCT., 27.50 2 6 LINCE TO INT TRIBUTING TO THE TH. INDING OF OPERATION: PLACE (Home, farm, factor of street, office bldg, et	cal certification 3. 3r . do in line(fr	vn) (Cu	of ho	ONSET AND DEATH S 20. AUTOPSY? Yes \(\) No \(\) (State)
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH PRIMARY Flor CONTRIBUTING DEATH PRIMARY Flor CONTRIBUTING CAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY Flor CONTRIBUTING DEATH. 21d. TIME (Month) (Day) (Year) Under CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) Under CAUSE OF DEATH. 21d. Time (Month) (Day) (Year) Under CAUSE OF DEATH.	TRIBUTING TO THE TH. INDING OF OPERATION: LACE (Home, farm, factor) F street, office bldg., et NJURY OCCURRED While at Not while work at work e of the remains descri	or line (fr. 216. (City or too 2) 216. (City or too 2) 216. How DID 1	vn) (Cd injury occuration of the Autopsy [], I	of ho	ONSET AND DEATH 20. AUTOPSY? Yes No (State)
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH PRIMARY Tor CONTRIBUTING CHECAUSE OF DEATH. 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CHECAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (1907) OF INJURY OV 17/55 7 . M.	TRIBUTING TO THE TH. INDING OF OPERATION: LACE (Home, farm, factor) F street, office bldg., et NJURY OCCURRED While at Not while work at work e of the remains descri	Zie. (City or tov. C. Don't in Line (In town of the control of the	vn) (Cd injury occuration of the Autopsy [], I	or ho	ONSET AND DEATH 20. AUTOPSY? Yes No (State)

Shim

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



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registrar within 72 hours after by the funeral director, the the

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10345 CERTIFICATE OF DEATH

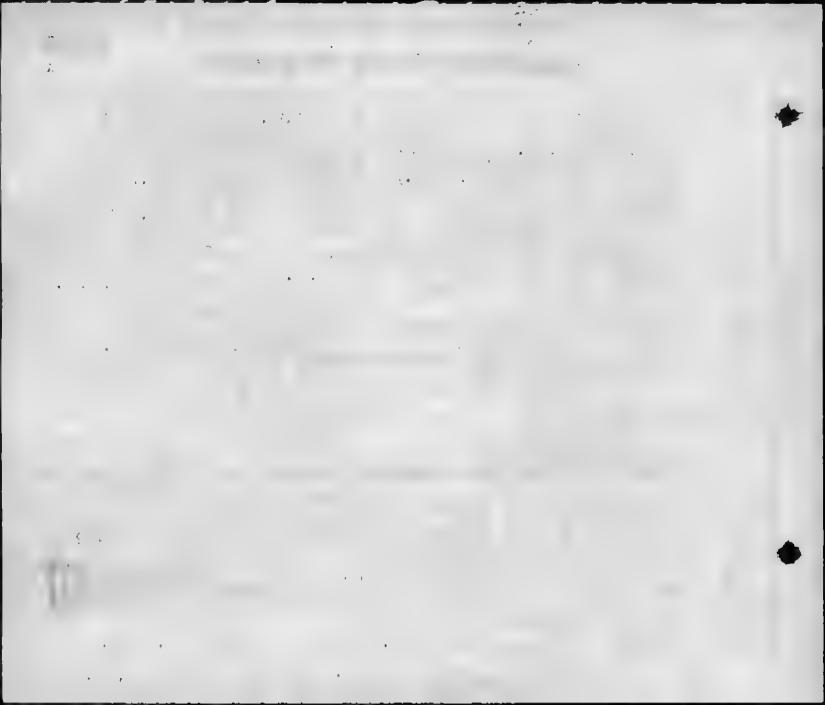
10358

ı	***************************************	Reg. Dist.	No +
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY ALLEGANY HARYLAND	STATE WXXXXMARYLANDCOUNTY ALLEGA	NY
	CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN CUMBERLAND, MD. LENGTH OF STAY (in this place) 4 MI NUTES	CITY (It autside corporate limits, write RURAL and give neer OR CUMBERLAND	rest town)
	HOSPITAL OR MEMORIAL HOSPITAL INSTITUTION OR STREET ADDRESS MEMORIAL & WARWICK AVES.,	STREET (If ruret give location) ADDRESS 418 CENTRAL AVE.,	1
	3. NAME OF (First) (Middle) DECEASED (Type or Print) ARZIE	MOORE 4. DATE (Month) OF DEATH NOV.	(Pey) (Yeer) 16 1955
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, USP-WIM DOWED JULY	26_1333 72 yrs. Months	Deys Hours Min.
	done during most of working life, even if OR INDUSTRY Tetired) Teater Tin :1ate :111	W.VA.	COUNTRY?
	JOHN MOORE	SARAH JANE MARTIN	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 90, or unk.) (H Yes, give wer or dates of service) (T3-09-11 13		3.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HIMMEDIATE CAUSE (A) THE CONTROL OF THE CAUSE (A)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	RELETTIN	4.8 Rs
	TO THE R SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	te és secrasis	
	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Zic. WHERE DID INJURY OCCUR? (City or town) (Coun	ry) (Stele)
	M. While Not while twork the et work	21f. HOW DID INJURY OCCUR?	
	alive on HP 1/2 1955 and that death occurred at signature	12:57.P.M, from the causes and on the date states ADDRESS (Street, city, town, state)	d above. DATE SIGNED
	REMOVAL (SPECIFY)	EREMATORY LOCATION (City, town, or county)	
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		ADDRESS

The law require that the death certifies be exmuted within

The bottom capy may be estained by the hospital ar attending ahysician.

certificate has been executed by the attending shysisian and campletely filled seath certificate assembly should be detached for use as a burial transit permit.



10343 CERTIFICATE OF DEATH

Reg. Dist. No. ...

COUNTY Allegany CITY (If outside corporate limits, write RURAL or and give nearest town) COWN Cumbarland HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat Maddia (Type of Print) Maryland LENGTH OF STAY (in this place) 2 mO. Mistitution or STREET ADDRESS Middla	TOWN Cum	county imits, write RURAL and ibarland (If rural give	Allegar	ny wn)
CITY [II outside corporate limits, write RURAL or and give neerest lown) TOWN Cumbarland HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat MAME OF (First) CHOSTID OF STAY (in this place) 2 mO. (in this place)	CITY (N GUTILG COPORTS) OR TOWN Cum STREET ADDRESS	fimits, write RURAL and hbarland (If rural give	d give nearest to	wn]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat NAME OF (First) (Middla)	TOWN Cum	ibarland (If tural give		C. E.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat NAME OF (First) (Middle)	STREET ADDRESS	(If cural give	location)	C. E.
STREET ADDRESS Sylvan Retreat NAME OF (First) (Middle)				
NAME OF (First) (Middle)	702 [0.77 0.		/
O DOCUMENTO	(Lest)	4. DATE (Mont	h) (Day	(Yaer)
		OF DEATH NO		
(Type of Print) Anne Mori				19\$5
BACE WIDOWED DIVORCED	ober 3 1868	AGE last birthday	Months Day	
		yrs.		
Oa. USUAL OCCUPATION (Give kind of work dona during most of working life, even it OR INDUSTRY	11. BIRTHPLACE (State or foreign			TIZEN OF WHAT
Mousewife Own House	Frostburg,	Laryland	11	SA
B. FATHER'S NAME	14. MOTHER'S MAIDEN NA			
Perry Weimer	Catherine	Ziebaugh	1	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADI			
Yas, no, or unk.) (If Yas, give wat or dates of service)	Earl Morris	s. Cumberla	nd. Md.	
15. MEDICAL CE	RTIFICATION			NTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			9	DNSET AND DEATH
3/X IMMEDIATE CAUSE (A) Pulmonary	Hypostasis			4 Kay.
ANTECEDENT CAUSE(S) DUE TO CORONIONS IF ANY IN CORONIONS IF ANY IN	morrhage'			on Rock
GIVING RISE TO THE ABOVE CAUSE				10 accep
	teriosclerosis			2
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE D.SEASE OR CONDITION CAUSING DEATH. Senile Psyc	chosis			2 mc3.
Pa. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION				20. AUTOPSY?
<u> </u>			1	YES NO
1a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE [Home, farm, fectory, or CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.] FETHER, NOTIFY MEDICAL EXAMINER	21c. WHERE DID INJURY OCCUR?	(City or town)	{County}	(State)
Id. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a, INJURY OCCURRED While All work a	211. HOW DID INJURY OCCUR?	,		
2. I hereby certify that I attended the deceased from	2, 1995, to The	11/5/1933	that I last	saw the decease
alive on E 1 3/5/195, and that death occurred a	it 1144 M, from the cau	ises and on the di	ate stated ab	ove
		SB (Streat, city, Jown		DATE SIGNE
SIGNATURE				11 1-5
SIGNATURE Thear M.D.	19 Tre	ceep 21	1	1-1-00
SIGNATURE ACCOUNTS M.D. 3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR PEMOVAL (SPECIFY)	R CREMATORY	ECCE ZI LOCATION (City, town,	or county)	(State)
Marcel Thear M.D.	R CREMATORY			(State)
SIGNATURE ACCOUNTS M.D. 3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR PEMOVAL (SPECIFY)	R CREMATORY	Cumberl		d.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

The bottom comy may be established by the hospital or attending physician. INSTRUCTIONS



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10347 CERTIFICATE OF DEATH

		11
Reg. Dist.	No.	7

The said by	ute ilmita . 403/17		10358
death. After	10347 CERTIFICATE		t. No4
, od ?==	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
4 # £	county Allegany Maryland	STATE Maryland COUNTY A1 3	any
ed within 2	CITY (If outside corporate limits, write RURAL (in this place)	CITY (It outside corporate limits, write RURAL and give need of TOWN Umber 1911)	urast town)
within 72 funeral di	HOSPITAL OR POSTREET ADDRESS 910 Holland St.,	STREET (Il rurel give location) 910 Holland St.,	1
e i e		(Lest) 4. DATE (Month) OF DEATH NOV.	(Dev) (Year) 21, 1955
Certificate be the registrar in by the	s. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married June 3	30, 1906 49 yrs. Months	Deys Hours Min.
with filted	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own home	Borden Shaft, Md.	COUNTRY?
the diffied filled if per	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
that the cian. e be findplete	John A. Chapman	Catherine E. Trapp	
tuires that physician, rificate be nd comple	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no, or unk.] (#1 Yes, give war or delets of service)		Cumberland, 1
日 音を 無る 声	18. MEDICAL CER	L. Leo Morrissey 910 dollar	INTERVAL BETWEEN
he law recathending death cer sysician at the see as a b	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)	ta Copy	ONSET AND DEATH
다 마음 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		2 wak
HOSPITAL: II the hospital or equires that the attending pit detached for the control of the cont	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
y the requirement the all the	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
ه ت ≨ شع	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		YES NO
PHYSICIAN O may be retained IECTOR: The la ten executed by assembly should	OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.] [IF EITHER, NOTIFY MEDICAL EXAMINER]	1c. WHERE DID INJURY OCCUR? (City or lown) (Cou	nty) (Stell)
TSIC Person	21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED 2 While Mile et work at work	211. HOW DID INJURY OCCUR?	
42 0 .	22. I hereby certify that I attended the deceased from Way	19.05, to 11.45, 19.05, that I	
ENDIN Hom con RAL Ble ha	WR Hodges M.D.	Cum ADDRESS (Street, city, logn, stole)	DATE SIGNE
ATT The bo FUNI Certific death	23. BURIAL, CREMATION, REMOVAL (SPECIFY)		
The IT To FUI Certification VS AISC	Burial 11/23/55 St. Michaels	Cem. Frostburg, Ma	arvland





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72 Fours after del director, the third

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ragistrar within by the funeral

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certificate has been executed by the attending physician and completely fill death certificate assembly should be detached for use as a burial transit permit. TO FUNERAL DIRECTOR: The law requires that the death certificate be film certificate has been executed by the attending physician and completely The bottom copy may be retained by the hospital or attending physician.

The law requires that the denth certificate be executed

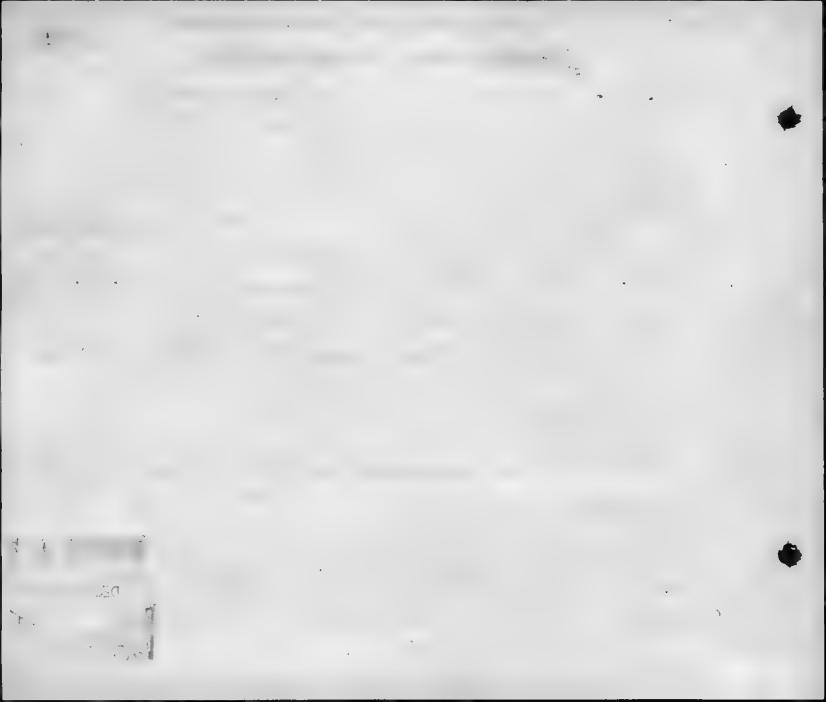
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10360

10349CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
A	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
COUNTY A]] + CAN TY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE LABY and COUNTY Alle *81 CITY (It outside corporate limits, write RURAL and give nearest to	n v
OR and give nearest town! fin this place)	OR	est (
32 TOWN Cumberland	Cumberland	gub.
HOSPITAL OR	STREET (Hi rural give location)	
INSTITUTION OR	ADDRESS	
3. NAME OF (First) (Middle)	516 goodside Avenue	
3. NAME OF (First) (Middle)	(Leaf) 4. DATE (Month) (Dey	
(Type or Print) JOHN RAY	DEATH November	23 19 55
5. SEX 6. CO.OR OR 7. SINGLE, MARRIED, 8. DATE C	DF BIRTH 9. AGE lest birthday IF UNDER 1 YEA	R IF UNDER 24 HRS.
	Months Dey	s Hours Min.
lale white (Specify) married July	2,1383 72 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working fife, even H OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT
of B and and a second s	Scotland U.S.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
70.		
James Rae	Elizabeth -c.co	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give war or deles of service)	ers. John was, Junerland	1 449 70-77 5
18. MEDICAL CEI	RIFICATION	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- C	NSET AND DEATH
420, CIMMEDIATE CAUSE (A) Congeline hes	ent prime 12	week
ANTECEDENT CAUSE/S) DUE TO	est plue 2.	,
ANTECEDENT CAUSE(S) DUE TO	Mart disease	OPan.
GIVING RISE TO THE ABOVE CAUSE		9000
STATING UNDERLYING CAUSE LAST. DUE TO		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
196. DAFE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		E5 NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stele)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		_
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while	216, HOW DID MUURY OCCUR?	
M. et work at work		
22. I hereby certify that I attended the deceased from 11 - 27	== 10 ST 10 11 - 728 - 10 ST 16-11 16-1	ence the decreased
12. I Hereby Certify that I allended the deceased from the first	The transfer of the transfer o	saw tue deceased
alive on 11 -27 - 19 5T and that death occurred at		ove.
SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED
h- Kling M.D.	57 Welen 8/ Cambrill MA CREMATORY LOCATION (City, town, or county)	11-40'-5)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(Stata)
removal (specify) Trial Dec. 1. 1955 St. Mich	hael's Cem Frostburg, "ary	land
24, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRE	er caller
DAC 1 1955 Salates K. Thank. M. L	John J. Hafer, Cumberland,	marylan
5:00 pm Inwarded to Balto. Dec. D. 19		
invariant to paris, all. a. 19	12.7	



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NOV 16 1."

The bottom copy may be relained by the haspital or at anding physician.

er death.

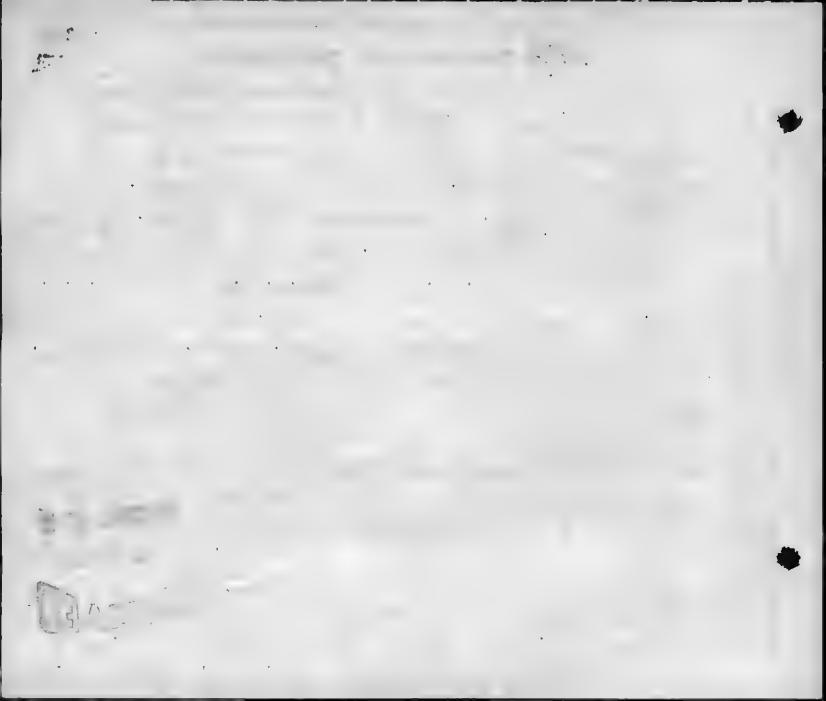
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10362

Within corporate in 0351 CERTIFICATE OF DEATH

Reg. Dist. No.4.....

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
COUNTY All any	MARYLAND	STATE Maryla	ind county	11. anv
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corps	orale limits, write RURAL and gl	ve neerest town)
Camberland	(in this proces)	TOWN Cumber	-Tand	
HOSPITAL OR		STREET	(N rural give loc	elion)
INSTITUTION OR * STREET ADDRESS		ADDRESS	V * 4 * 1	
3. NAME OF (First)	S.T (Middle)	(Last) 5.3.)	Washin ton 5	(Dey) (Year)
DECEASED	(MIG BIO)	(rasi)	OF	(nest) (seet)
(Type or Print) WILLIS M.	RICKEY			. 14 19 55
5. SEX 6. COLOR OR 7. SINGLE, MAI RACE WIDOWED,	DIVORCED	OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Tale White (Specify)	dowed Oct.	12, 1869	go yrs. mo	nths Deys Hours Min.
IDE, DOUBL OCCUPATION (GIVE AIMS OF WORK IDD	MILAD OL BOSHAESS	11. B.RTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
intendi	OR INDUSTRY	/3-manna II I	T _{PN}	COUNTRY?
13. FATHER'S NAME	8. & 9. RR I	1 14. MOTHER'S MAIDEN		1 4 3 4 43 4
John W. Rickey		Clara B.	Williams .	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detector of service)	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
No.	(05E06E8120)	irs. W	71ie Faw. 531	mashinston St.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CEN			INTERVAL BETWEEN ONSET AND DEATH
2 4 4 X	/2	at	0201.	
IMMEDIATE CAUSE (A)	Conzorlary	arlenear	declusion	u 36 harosa
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, #F ANY, (B) GIVING RISE TO THE ABOVE CAUSE	rterio sel	anotic vo	sculor descri	nee
STATING UNDERLYING CAUSE LAST, DUE TO	rabetes?	melletus		6 years
TO THE SEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20, AUTOPSY?
None		NAME OF THE PARTY OF THE	D 3 (6)	YES NO
	ome, ferm, fectory, t, office bidg., etc.)	RIC. WHERE DID INJURY OCCU	KY (City or lown)	(County) (State)
No.	/hile Not white twork to st work	21f. HOW DID INJURY OCCU	PR 7	
22. I hereby certify that I attended the dec	717	1946 to No	U 14 19 55	hat I last saw the deceased
alive on NOU 14, 19 55, ar	and that days a second at	5204 4 6 16-	and on the date	stated above
SIGNATURE	nd mas deam occurred as	ADD	RESS (Street, city, town, ste	STATE SIGNED
Weshim Faur	MD.	"washingt	on St ann	herland NOV 15
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	county) (Stete)
burial [ov.16,1955]	Hillcrest Ce	metery	Cumberland,	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	RE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE 11-16-55 Winter 1	C. Frantz M.HO	Charles L.	leonge, Cumb	erland, id.
DATE // / G - G - G - G - G - G - G - G - G			, , , , , , , , , , , , , , , , , , ,	,



INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed The bottom copy may be retained by the hospital or attending physician.

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10363

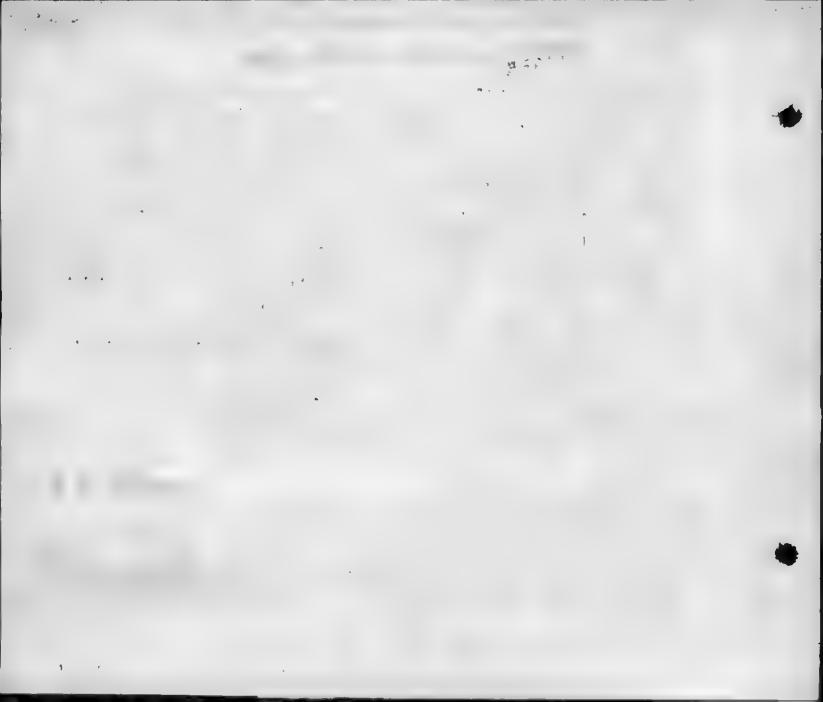
	TIFICATI	E OF DEA	TH	,1		
DR. R.J. WILLIAMS			Reg.	Dist. No.		
1. PLACE OF DEATH		2. USUAL RESIDENCE		ASED		
COUNTY ALLEGANY	MARYLAND	STATE MARYLAND	COUNTY A	LLEGANY		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give pagest town) Lin this place)		CITY (If outside corporete limits, write RURAL end give nearest town)				
2 TOWN EN CUMBERIAND 15 DAYS		CUMBERLAND SELLAL X				
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET ADDRESS ROUTE #3, Solder & Sond					
	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)		
(Type or Print) JOHN	R. RODECAP		BEATH NOVE	MBER 22 19 55		
5. SEX 6. COLOR OR 7. SINGLE, MARRI	IED, 8. DATE (OF BIRTH 9.		UNDER 1 YEAR IF UNDER 24 HRS.		
MALE WHITE SpecifyMARE	PIFD 12-20	-1882	72 yrs. Mc	onths Days Hours Min		
10e. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT		
	industry Znese Corp	VEDCENEA		COUNTRY?		
3. FATHER'S NAME	miche ooib i	VIRGINIA 14. MOTHER'S MAIDEN NA	AME	U.S.A.		
UMKNOWN		SUSAN ROD	ECAP			
1	SOCIAL SECURITY NO.	17. INFORMANT & AE	DRESS			
(Yes, no, or unk.) (If Yes, give war or dates of service)	17-10-6156	MEMORIAL H	IOSPITAL - CU	MBERLAND, MD.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI		•	INTERVAL BETWEEN ONSET AND DEATH		
450-1 IMMEDIATE CAUSE (A)	romar	a Hron	Mari	1 15 clay		
ANTECEDENT CAUSE(S) DUE TO						
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE						
STATING UNDERLYING CAUSE LAST. DUE TO						
1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		21/1/				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR COND TION CAUSING DEATH.	hronic,	14 thrutis	i /l'iliman	-a		
90. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION	/		YES NO		
Pla. ACCIDENT WAS UNDERLYING 216. PLACE (Home of Contributing Cause of Death of Injury street, of	a, farm, fectory, office bidg., etc.)	21c. WHERE DID INJURY OCCUR!	(City or town)	(County) (State)		
Whi	INJURY OCCURRED Is Not while ork of work	21. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the dece	esed from 11/7/55	, 19, 10. 11/2	2/55 19	that I last saw the deceased		
		M, from the ca		stated above.		
/ W/Mellean	es M.D.C.	unity la	un flis	1 11/23/55		
REMOYAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, town, or	county) (Stata)		
Buria 1 Nov 26 1956	Zion Memori	al Burial Park	Cumberland	ı.d.		
ADDRESS TO A TO THE PARTY OF TH						
William H. Kight, Cumberland, Ed.						



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10353 CERTIFICATE OF DEATH

10353 CERTIFICAT	
1. PLACE OF DEATH	Reg. Dist. No
•	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ALLEGANY MARYLAND CITY (if oulside corporate limits, write RURAL LENGTH OF STAY	STATE MARYLAND COUNTY ALLEGANY
OR end give neerest town) TOWN CUMBERLAND 41 DAYS	CITY (Il outside corporate limits, write RURAL and give neerest town) OR TOWN FLINSTONE
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL AVE.	STREET (If rurel give location)
3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print) MRS. PEARL L.oona	RUBLE SEATH NOV-23 (Year)
FEMALE WHITE (Specify) MARRIED N	IAY 25 1902 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HI
too USUAL OCCUPATION (Give kind of work done during most of working life, even N retired) Housewife Own home	PENNA Hammondy ille
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES WASHBAUGH	BLANCHE RICHARDS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, go, or unk.) (If Yes, give wer or deles of service)	17, INFORMANT & ADDRESS
, Il o None	MEMORIAL HOSPITAL.CUMBERLAND, MD.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
173 X IMMEDIATE CAUSE (A) Metastatic	· Carcinoma 1 yr.
ANTECEDENT CAUSE(S) DUE TO Carcinon	a · Pt Impart
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	10,000
81 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. POATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	adeno-) Rt breast YES NOVE
216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216 PLACE (Home, form, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while at work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19. 4. 8., to
alive on	at 3:10PMM, from the causes and on the date stated above. ADDRESS (Street, city, town, stels) DATE SIGNE
C/ former M.O.	Cumberland my 11/2
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY (OR CREMATORY LOCATION (City, town, or county) (State)
	,
Duria 1 11/26/55 Hillores	Burial Pant Cumberland, Maryland



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certificate death certil A15C 1-55 10/

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DIRECTOR:

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director,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

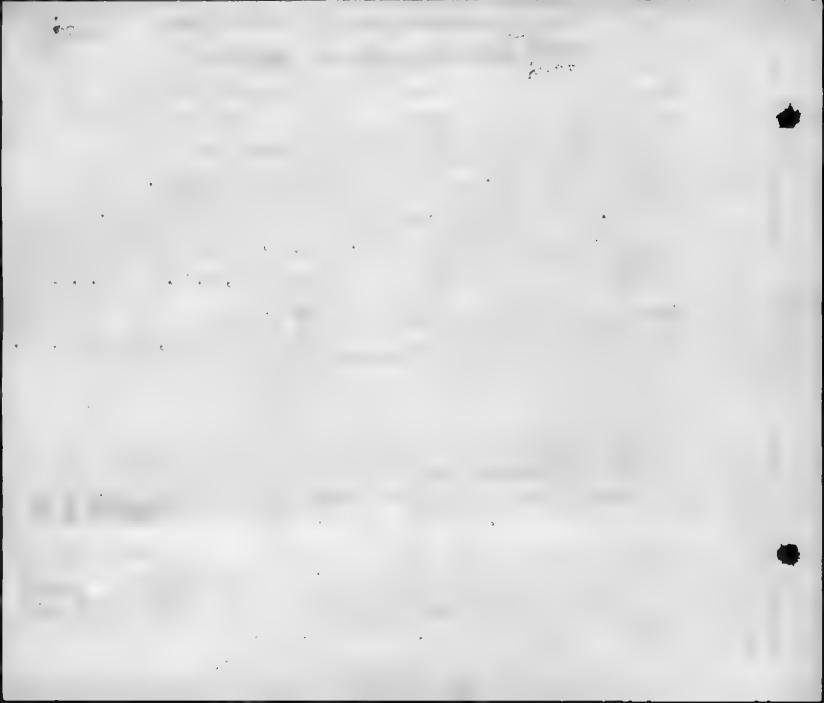
10354CERTIFICATE OF DEATH

10366

Reg. Dist. No.... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED WEST VIRGINIA COUNTY ALLEGANY COUNTY MARYLAND (If outside corporate ijmits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL end give nearest town) end give negrest (own) (in this place) OR C2 TOWN TOWN PLEDMONT DAYS CUMBERLAND HOSPITAL OR STREET INSTITUTION OR ADDRESS 18 E. HAMPSHIRE / STREET ADDRESS MEMORIAL HOSPITAL (First) 3. NAME OF (Middle) (Last) DATE (Month) (Day) (Year) DECEASED SMITH (Type or Print) LEE DEATH ANNA 1955 5. SEX COLOR OR 8. DATE OF BIRTH SINGLE, MARRIED. 9. AGE last birthday IF UNDER 1 YEAR IF UNDER Z4 HRS WIDOWED, DIYORCED, RACE Months Devs Hours Min. 24. FEMALE JUNE 1922 WHITE 10s, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even If OR INDUSTRY COUNTRY? S. A. SCHERR. W.VA. Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ZE**TT**IE BIBLE HASLACKER LARRY MAKKAKKER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yas, give war or dates of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) Diseuse Kidneys DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES | NO 21a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 21b. PLACE (Home, ferm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 216. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) While Not while at work at work 22. I hereby certify that I attended the deceased from January .., 1957) to 25 you, 19 50, that I last saw the deceased 19.55 and that death occurred a 3:13. A.M., from the causes and on the date stated above. alive on 25 May ADDRESS (Street, city, town, sieta) DATE SIGNED 23. BURIAL CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Maysville Cemetery Maysville, West Virginia Burial 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thrush Funeral Home, Petersburg, W. Va.

be retained by may copy





(Day)

Monthsi

(Year)

19

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

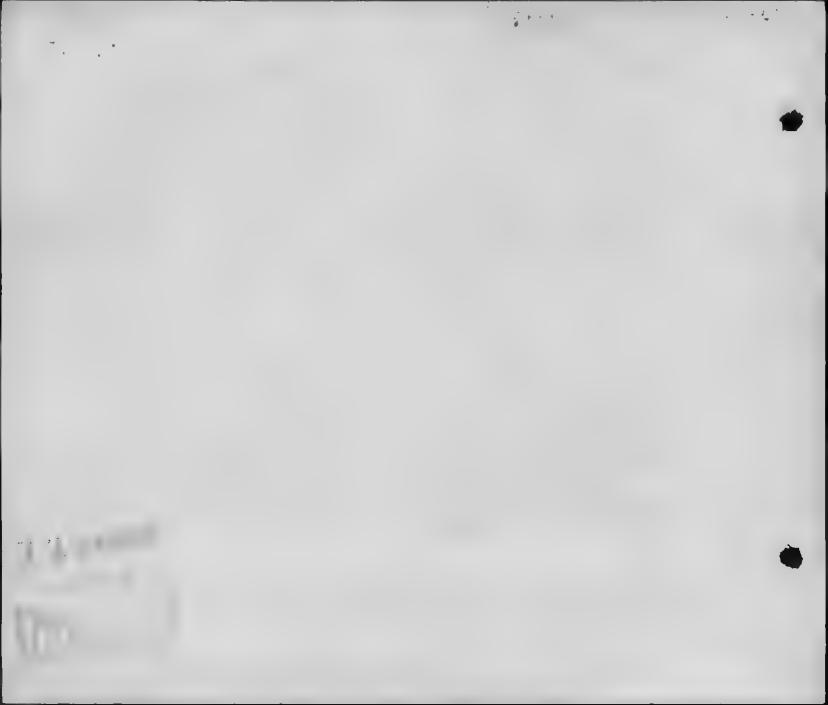
20. AUTOPSY? Yes 🔁 No 🗍

ADDRESS

(State)

COUNTRY

IF UNDER 24 HRS



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registrar within 72 hours after death. After this by the funeral director, the third copy of this

the th .⊑

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10370

10367 CERTIFICATE OF DEATH

Reg. Dist. No. 6

USUAL RESIDENCE (HOME) OF DECEASED

	COUNTY G//eggsus MARYLAND	STATE MARYLAND COUNTY A	106404			
	CITY (Il outside corporate limits, write RURAL LENGTH OF STAY	CITY (il outside corporete limits, write RURAL and give neer	est fown]			
	OR end give neerest town) (in this plece)	TOWN WESTERNPORT	A. e.k.			
	HOSPITAL OR	STREET (If rural give location)	H .			
	INSTITUTION OR	ADDRESS P	·			
	STREET ADDRESS 23 POPLAK U	223 10/14/2	/			
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Yeer)			
	(Type or Print) MALISSA Christina	+UBG DEATH / DEATH	12 1055			
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE lest birthday IF UNDER				
FACE NIDOWED, DIVORCED,						
	161111- WHITE WILDOW 21 1	4PR (/ 868 8 / YES.) 11. BIRTHPLACE (State or foreign country) 12.	. CITIZEN OF WHAT			
	done during/most of working life, even if OR INDUSTRY	2 1 1 0 -	COUNTRY?			
	rotired) Variaceache leers trance 1	Olahard Caurey, Jenna. 1	1.5.			
	13. FATHER'S NAME	147 MOTHER'S MAIDEN NAME				
	MARTIN A. Miller MARG DMITH					
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS				
	(Yes, no, or unk.) (If Yes, give war or detes of service)	Charles Stusy Longe	11/			
18. MEDICAL CERTIFICATION INTERVAL BEING						
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
	HAMEDIATE CAUSE (A) Coronary Oct	clusion	3hrs			
	ANTECEDENT CAUSE(S) DUE TO					
	DISEASES OR CONDITIONS, IF ANY, (8) Anterio sol	670909				
	5yrs					
	STATING UNDERLYING CAUSE LAST. DUE TO					
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE Generalized DISEASE OR COND TION CAUSING DEATH Generalized	d Arthritis	2yrs			
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY?			
			YES NO			
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	(County) (County)	(State)			
		21f. HOW DID INJURY OCCUR?				
	M. et work et work					
	22. I hereby certify that I attended the deceased from	0 19 55 to New TO 19 55 that I	last saw the deceased			
۲	alive on					
MO I	La Dallat - I h					
55	Piedmont W Va Nov 14 55 23 BURIAL CREMANON, V DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown, of county) (State)					
ပ္က	BEMOVAL (SPECIFY)					
₹/	Julial 11-14-55 Philos Cometer Wostekn pour Mid.					
1	24. REC'D BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
	DATE/1-14-55 Mrs from C. Kelly	1. X' By at Wester	west ned.			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10371

10358 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY Allegany	MARYLAND	STATE Maryland COUNTY All	ngany
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give no	
O2TOWN Cumberland	11/8/55	TOWN Cumberland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Cou	nty Infirmary	ADDRESS 142 Bedford Street	
3. NAME OF (First) DECEASED	(Middle)	(Last) 4. DATE (Month)	(Day)
(Type or Print) Alice		linson DEATH Novem	
Female White Specify	Widow 9/21	/1872 83 yrs. Months	R 1 YEAR IF UN
dona during most of working life, even if	Ob. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
13. FATHER'S NAME	mer teacher	Mt. Savage. Maryland I	J. S. A
Israel Juke	2	Mary Timmons	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	Allegany County Infirm	ary Re
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH 20 18. MEDICAL CEI	TIFICATION	INTERVAL I
290,0 IMMEDIATE CAUSE (A)	Chronia m	youarded Degenerate	>
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	Cercleral	arteres elevosis	-
STATING UNDERLYING CAUSE LAST. DUE TO	Perain	eno accercier	>
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE D SEASE OR CONDITION CAUSING DEATH.	Chitne	Lephritis.	?
19. DATE OF OPERATION 195. MAJOR FIN	DINGS OF OPERATION	/	2D. AUT
218. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factory, street, office bldg., etc.)	RIC. WHERE DID INJURY OCCUR? (City or town) [Con	unty) (5
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21s. INJURY OCCURRED Whits Not while at work at work	2lf. HOW DID INJURY OCCUR?	-
22. I hereby certify that I attended the	deceased from	5/41955 , to 100 28 , 1955, that	I last saw the
	, and that death occurred a	ADDRESS (Street, city, lown, stells)	
Muse-hl-hy	ecci M.D.		

INSTRUCTIONS

ATTINIBING PHYTICIAN OF HOSPITAL The law requires that the death certificate be executed within The bottom copy may be retained by the haspital or mending physician. 2



registrar within 72 frours after death. After this by the funeral director, the third copy of this

2.5

TO INVELAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

I hours after death.

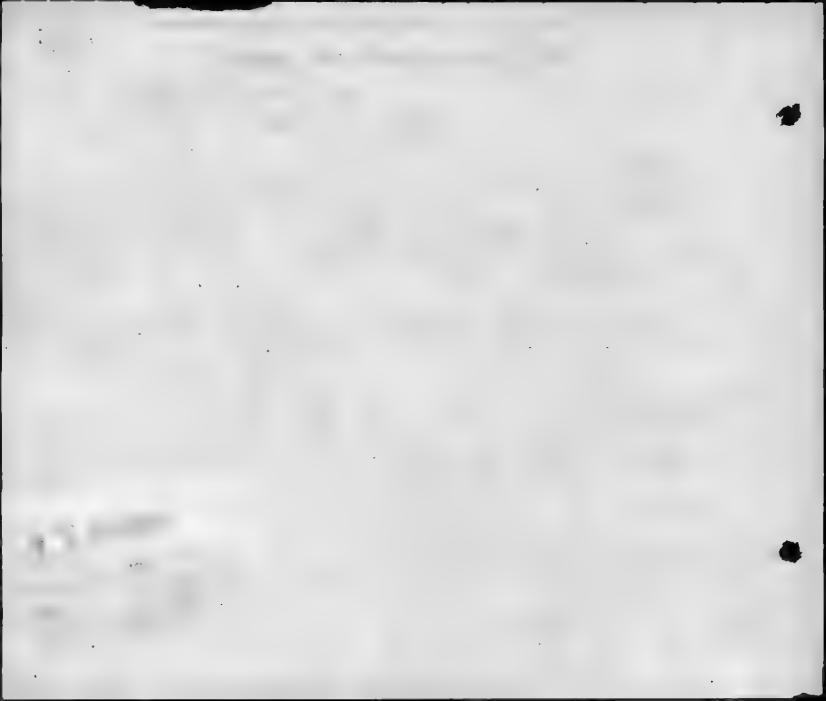
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10378 CERTIFICATE OF DEATH

10372

Reg. Dist. No...

1. PLACE OF DEATH	2, USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allerany Maryland CITY (foutside corporate limits, write RURAL OR and give nearest lown) TOWN / esternport - rural 58 yrs HOSPITAL OR HOSPIT	STATE STYTON COUNTY COUNTY
STATING UNDERLYING CAUSE LAST, DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Cora dard 17. INFORMANT & ADDRESS RD 1, Box 123 John B. Travis, Westernport War INTERVAL DETWEEN ONSET AND DEATH ONSET AND DEATH Researce Roy Thrombosics 6 ma
D SFASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work at work at work at work at work at work at work. 22. I hereby certify that I attended the deceased from alive on	ADDRESS (Street, city, lown, stele) (Stale) (Stale)
Birial 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE // -22-55 Res C Kelles	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS



24 hours after death.

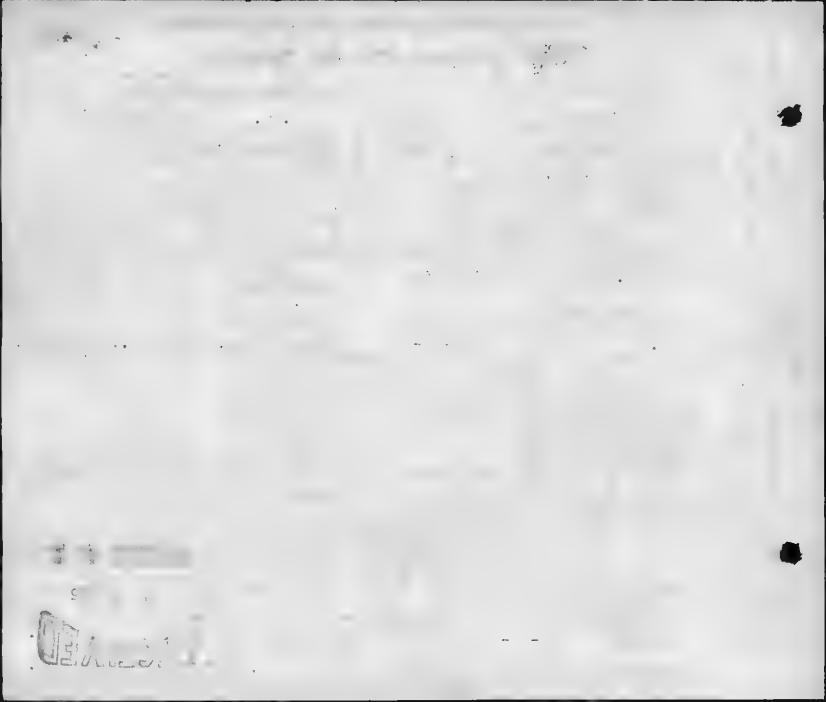
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 Immrs affer leath. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

10368 CERTIFICATE OF DEATH

Reg. Dist. No.

2. USUAL RESIDEN	CE (HOME) OF DECEASE	D
STATE TAT TO	соинту Нат	npshire
CITY (If outside corpor		
TOWARD		DEV.S
Sprin		X 3 A - G
ADDRESS	fit that Bive tocalion	·
		V
(Last)	4. DATE (Month)	(Day) (Year)
rnick	DEATH 16	26 1056
	. AGE lest birthday IF UNDE	R 1 YEAR IF UNDER 24 HRS.
0+2 1977	Months	Days Hours Min.
		0.511111
11. BIRTHPLACE (Slete or foreig	n country]	2. CITIZEN OF WHAT COUNTRY?
Maryland		USA
14. MOTHER'S MAIDEN N	IAME	
Alice Mo	Gruder	
		9-9 4.7
	dy Ormond St.	mirostburg,
RTIFICATION		INTERVAL BETWEEN M
7.		1 ma
uses no		6/14
dial Inn	.01	1/1/
que prose	Thelialez	
	/	
		20. AUTOPSY?
21. WHERE DID INTERV OCCUP	2 (City on town) (Cou	
216. WHERE DID INJURY OCCUR	r (City or lown) (Cou	DIA) (21eta)
211. HOW DID INJURY OCCUR	?	
	* C - C 1 T	
1955 10 20	26.1955 that I	last saw the deceased
1953 10 7		
2.10.3/P.M. from the co	suses and on the date state	
2.10.3/P.M. from the co		
2.03 F.M. from the ca	euses and on the date state ESS (Street, city, toyin, stete)	ed above. DATE SIGNED 7/67 28/93
CREMATORY TO STORY	euses and on the date state ESS (Street, city, town, state) LOCATION (City, town, or count	DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED SISIS
CREMATORY CREMATORY CREMATORY	euses and on the date state E55 (Street, city, town, state) LOCATION (City, town, or count MOSCOW,	ed above. DATE SIGNED 107 28 1953
CREMATORY TO STORY	euses and on the date state E55 (Street, city, town, state) LOCATION (City, town, or count MOSCOW,	DATE SIGNED DATE SIGNED 1/5 1
CREMATORY CREMATORY CREMATORY	euses and on the date state ESS (Street, city, town, stete) LOCATION (City, town, or count MOSCOW 9	DATE SIGNED PATE SIGNED PATE SIGNED (Siete) Md.
	STATE W. Va CITY (If outside corpor OR TOWN Sprir STREET ADDRESS (Last) Arnick Be BIRTH 8th, 1877 11. BIRTHPLACE (State or foreign Maryland 14. MOTHER'S MAIDEN N Alice Mo 17. INFORMANT & A Harry Kee RTIFICATION 21c. WHERE DID INJURY OCCUR 21f. HOW DID INJURY OCCUR	CITY (If outside corporate limits, write RURAL and give no OR TOWN Springfield STREET (Il rural give location) ATDICK OF BIRTH STAGE lest birthdey HONDE STAGE lest birthdey HONDE STAGE (Siete or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Alice McGruder 17. INFORMANT & ADDRESS Harry Keedy Ormond St. RTIFICATION CALLES (SIETE OF COURT) AND COUNTY (City or town) COUNTY (Country) COUNTY (Country) COUNTY (Country)



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hours

ATTENDING PAYSICIAN OR HOSPITAL: The law require that the death certificate be executed within

MSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

:0359 CERTIFICATE OF DEATH

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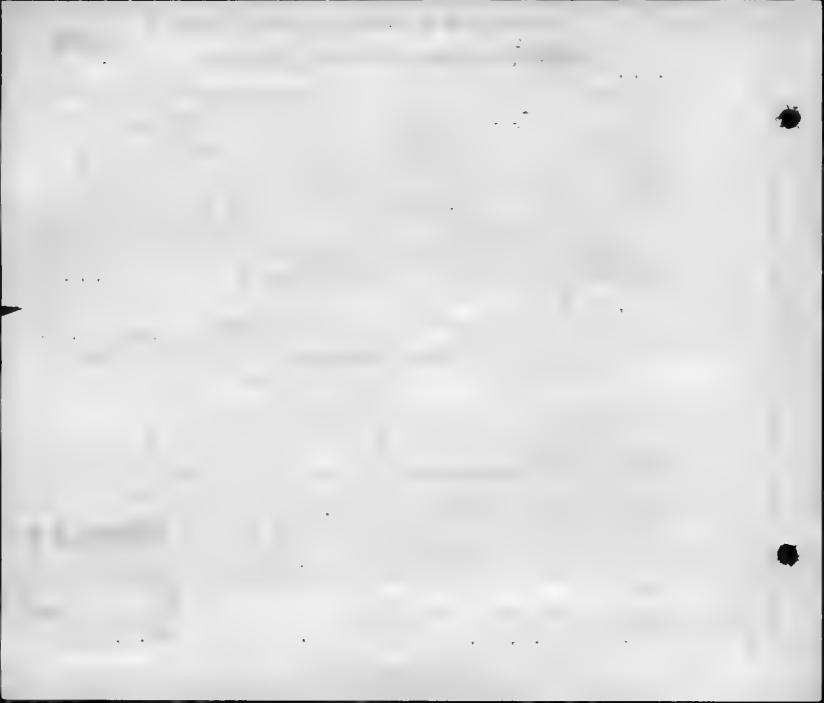
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DR.	1.1		1.78				
IJn -	111	Г -	- 77	L. K	. 41	Яľ	

PLACE OF DEATH

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY ALLEGANY MARYLAND	STATE WEST VIRGINIA COUNTY GRANT
CITY (It outside corporete limits, write RURAL OR STAY (in this place) TOWN CUMBERLAND TOWN CUMBERLAND TOWN CUMBERLAND	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PETERSBURG
HOSPITAL OR MEMORIAL HOSPITAL	STREET (M rurel give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED (Type or Print) RALPH PARKER WE	LTON 26 (Yeer) 19 NOVEMBER 26 (Yeer) 19 19
DACE MODOLIER DIVORCES	PRIL 9, 1909 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR PRIL 9, 1909 46 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if or INDUSTRY retired) PUBLISHER & EDITOR NEWSPAPER	11. BIRTHPLACE (State or foreign country) WEST VIRGINIA 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ARCH J. WELTON	14. MOTHER'S MAIDEN NAME CORA PARKER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)	MEMORIAL HOSPITAL - CUMBERLAND, MD.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 120 IMMEDIATE CAUSE (A)	Thromboo Interval Between ONSET AND DEATH
DISEASES OR CONDITIONS, # ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	of arterioscorosio week.
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. TO THE DISEASE OR CONDITION CAUSING DEATH.	rck Dept:53
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2(e. INJURY OCCURRED While Not while at work et work	2H. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	2 7-19 53, to 11 2- 6, 19 55, that I last saw the decease
alive on 2.76, 19.55, and that death occurred signature 3. D	ADDRESS (Street, city, town, stell) DATE SIGNE The Company of the date stated above. ADDRESS (Street, city, town, stelle) DATE SIGNE The Company of the date stated above.
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burried. Date thereof NAME OF CEMETERY Nov.29.1955. Maple Hill	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. PENERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS



TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

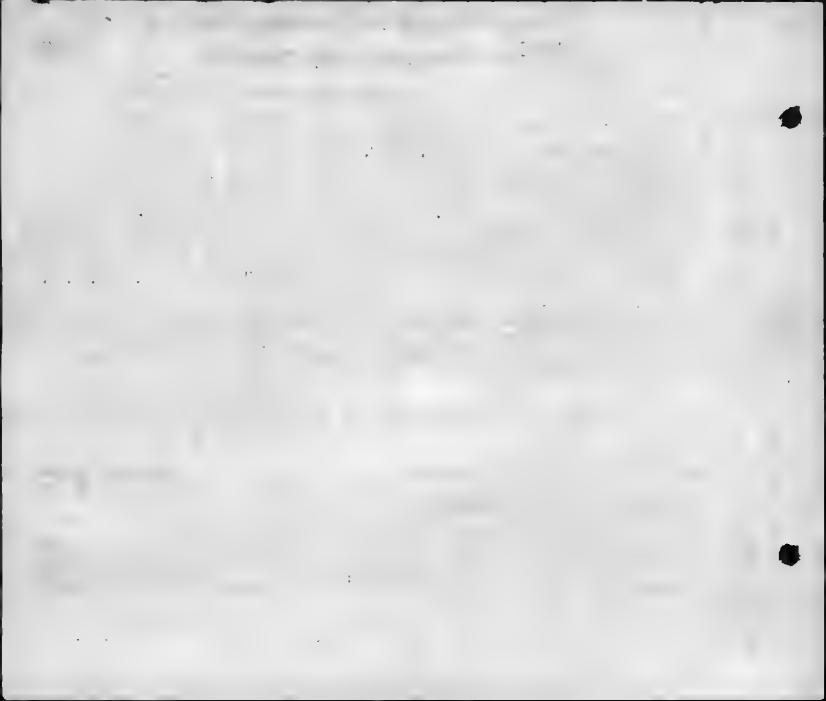
The bottom copy may be relieved by the hospital or ettending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Within correct 1036	CERTIFICATE OF DEATH
State Of Borata	CENTILICATE OF DEATH

tem 14, Film 199 11-	16-55 et			R	eg. Dist. No.	. 4
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY ALLEGANY CITY (If outside corporate limits, write OR end give neerest town) ORTOWN CUMBERLAND	RURAL	ARYLAND (GTH OF STAY (in this piece) RS. 15 MIN.	O₽	AND COUNTY POTENT SIMILE SURAL & BERLAND	ALLEGAN nd give neerest town	7
HOSPITAL OR	L HOSPITAL	NSai J Filiva	STREET ADDRESS	(II ruref giv	AVENUE	/
3. NAME OF (First) DECEASED (Type or Print) JOSEPH	(Middle	. WH	(Lest) ETZEL		ov. 4	(Year) 19 55
MALE RACWHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIE	D JUN	E 20 , 1876	9. AGÉ lest birthdey 79 yrs.	Months Deys	Hours Min.
10e, USUA. OCCUPATION (Give kind of widone during most of working life, ever refire tetred Tin 13. FATHER'S NAME	plate iiil		WEST VIRGI	NIA Hardy	COU	S. A.
SAMFORD WHETZ	FI		Ferney Rohrbo			
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unk) (N Yes, give wer or dete	FORCES? 16. SOC	-05-5000	17. INFORMANT &	ADDRESS MEMORIA & WARWICK A	L HOSPITA VENUES	L
1 DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH	enry a	1 1	una		ERVAL BETWEEN SET AND DEATH A Mrs —
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	UE TO (8) JE TO	/	/ —			
TO THE SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEAT	É	1001				, parties and part
196. DATE OF OPERATION 196.	MAJOR FINDINGS OF OP	ERATION			YES	O AUTOPSY?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, ferm OF INJURY street, office b	idg., etc.)	Te. WHERE DID INJURY OCC	-	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Y	While	Not while et work	211. HOW DID INJURY OCC	UR?		
C Halle			2:45 PM, from the	causes and on the cores (Street, city, tow	date stated abov in, state)	
REMOVAL (SPECIFY)		ME OF CEMETERY OR edarhill	Cem.	Near Math		(Stete)
	TRAR'S SIGNATURE	Zantz Mil	James F	s signature '. Scar, ell	i Cu he	



HSTRUCTIONS

of, this

10361 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY ,,T.T. TITT	MARYLAND	STATE	;) COUNTY	4 11 14 17	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corp	orate limits, write RURAL e	and give neerest town)
OR and give nacrest town) 2 TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	(In this place)	TOWN CONTRACTOR	מיינא ד		-
HOSPITAL OR	2_days	STREET	(li sural gi	ve (ocation)	he started
. INSTITUTION OR		ADDRESS	, ,	,	/
STREET ADDRESS			ling .ve		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mo	nth) (Day)	(Yaar)
(Type or Print)	Veva !	nitacre	DEATH	11-01-55	19
S. SEX 6. COLOR OR 7. SINGLE, MAR	RIED, 8. DATE		9. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS
RACE WIDOWED, D	IVORCED,	2 7005	/ A 444	Months Days	Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, K	dowed June	7 1805	60 Yrs.	1 22 CITITI	EN OF WHAT
done during most of working life, even if	R INDUSTRY	II. BIK ITTLACE (State of 10)	sign country)		NTRY?
relired Housewife		J_*J_* Flk	ins	US	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Togoph Toules		F1	f.r		
Joseph Louice 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	Elegnor	ADDRESS		
Wes, no, or unk.) (1) Yes, give war or dates of service)					
ł No	None	Char	:t	-	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	,		ON	ERYAL BETWEEN
O Y	m - 1.	126-1 1	· . (11	101	
1443 MANEDIATE CAUSE (A)	a residence	The second	such to con	Lacery of	
ANTECEDENT CAUSE(S) DUE TO	- 11	Heach Find			
DISEASES OR CONDITIONS, IF ANY, (B)	- summer	1 syperina	con		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		U			
(C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
198. DATE OF OPERATION 196, MAJOR FINDING	OF OPERATION				O. AUTOPSY?
O .			_		NO [
216. ACCIDENT WAS UNDERLYING 216. PLACE (Hot OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, (IF EITHER, NOTIFY MEDICAL EXAMINER)	me, farm, factory, , office bldg., atc.)	21c. WHERE DID INJURY OCC	JR? (Cîly or lown)	(County)	(State)
	. INJURY OCCURRED	21f. HOW DID INJURY OCC	UR?		
	hile Not while I		,		
22. I hereby certify that I attended the deco		10 00000	1/2-1 10.53	4 . 1 1	
alive on	d that death occurred a	19130HM, from the	causes and on the	date stated abov	/e.
SIGNATURE			RESS (Street, city, tow		DATE SIGNED
nic I her to	M.D. 7	SZN. Centre 8	of Cir. Fin	Nor of hely	124/4
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, tow	rn, or county)	(State)
Burral SPECIFY JI-25-55	Mt. Savar	e Jeth Cem.	Tit. Sava	ige, id.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		1 25. FUNERAL DIRECTOR'S		ADDRESS	s .
10 7. 2000 300	2 7 m 1	James F. S			-
paroluter 23. 1955 brules his	aux, 111.0	. lagues r. b	CUTBETTT C	Amilia, Tan	1166 6 160

7A _

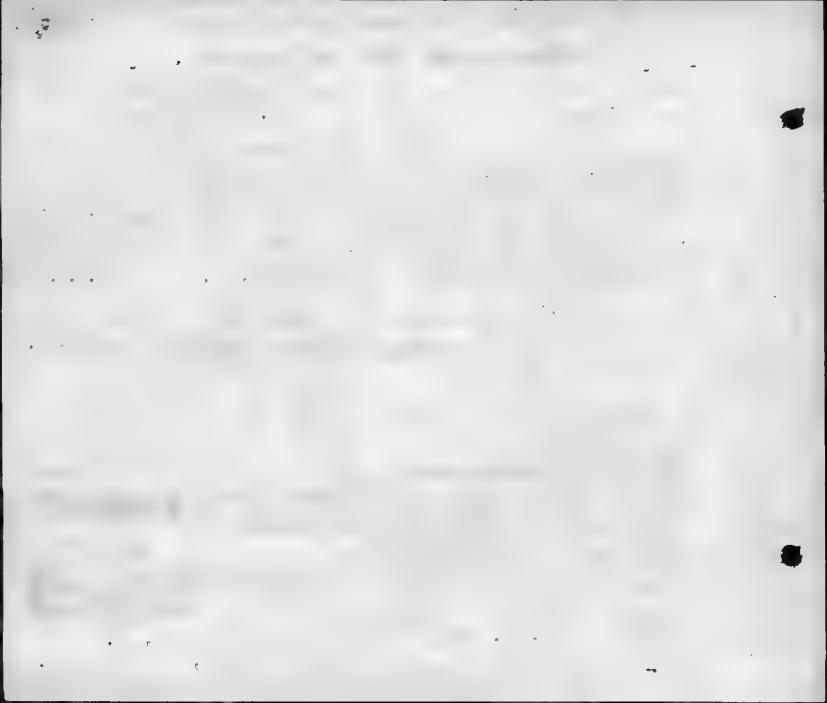
the registrar -ithin 7. Forms after this in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. TO FUNERAL DIRECTOR: The law requires that the death certificate be med ATTENDING PAYSICIAN OR HOSPITAL: The Law requires that The bottom copy may be retained by the hospital or attending physician. certificate has been executed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10377

10369 CERTIFICATE OF DEATH

/ Zhou o. Buhin				
county Allegany	MARYLAND	STATE MD.	COUNTY All	egany
CITY (If outside corporete limits, write RURAL OR end give negrest town)	LENGTH OF STAY (in this place)	CITY (if outside corporate OR	limits, write RURAL and giva	
Prestburg	/ill tins blocal	Town Lenac	ening	×
HOSPITAL OR		STREET	ili rural giva localio	on)
. / STREET ADDRESS Miners Hesp:	ital	ADDRESS Beec]	hwood Stree	t
3. NAME OF (First)	(Middle)	(Lasi)	4. DATE (Month)	(Day) (Year)
(Type or Print)	HATTIE	WHITEMAN	DEATH NOV.	6th. 10 55
5. SEX 6. COLOR OR 7. SINGLE,		to a part of the same of the same of		DER I YEAR JIF UNDER 24 HRS
RACE WIDOW	Married Apri	1, 18,1900	55 yrs. Months	Deys Hours Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	(vitauo:	12. CITIZEN OF WHAT
	m Heme	Lenacening,	MD.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Frank Dilfer		Hattie M		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17, INFORMANT & ADD	RESS	
, No	NONE	Simeen Wh	iteman, Lon.	
DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CER	Hu	spand)	INTERVAL BETWEEN ONSET AND DEATH
677 XIMMEDIATE CAUSE (A)	Proleveller Vi	: E alaren	Camptin	indani
But to	The first	//		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Mexicotitles	asus U		()
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	E Charter	y. t. to - Ci.	eticati.	w 42.
190, DATE OF OPERATION 196. MAJOR FINE	DINGS OF OPERATION	set a from the	· Clander	20. AUTOPSY?
210. ACCIDENT WAS UNDERLYING 216 PLACE	11/6/4	HE. WHERE DID INJURY OCCUR?		ounty) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	atreet, office bldg., atc.)	HE. WHERE OID INJOK! OCCOR?	(Chy or lown)	Ontrik) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	While Not while	21. HOW DID INJURY OCCUR?	A. or	
M.	at work at work		· · · · · · · · · · · · · · · · · · ·	
22. I hereby certify that I attended the	deceased from	1952 to	6, 19.5.7.7, tha	I last saw the deceased
alive on 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	, and that death occurred at			ated above.
SIGNATURE SIGNATURE	The Kost A. A.	F Br. a Cayre	SS (Straet, cily, town, state)	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		OCATION (City, town, or col	inty) (Stata)
23. Burial, CREMATION, REMOVAL (SPECIFY) Burial Nov, 9th	. 1955 Memeria	1 Park	Frestburg.	w.
24. REC'D BY REGISTRAR REGISTRAR'S SIGN	ATIDE	1 25 SUNIDAL DIDECTOR'S SIGN	N. A.T.IDE	ADDRECS
	men N. Ros	Geerge Eich	hern, Lenac	ening, MD.



DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No 7
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Allecany Maryland	STATE COUNTY ATTOCAS	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR	give nearest town)
OR and give nearest town) (in this place)	TOWN R.P.D. A Prostb rs	X
HOSPITAL OR	STREET (If rural, give location)	/
/ INSTITUTION OR //STREET ADDRESS liners lospital	(Ilondike)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) Donald Foc Dougal	dinters DEATH NOV.	19 77
	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y	
Minde White (Specify) arried Nov	. 27-1021 33 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS C work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Celangse Cor		0 / 0 % 0
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Arch Winters	Sally Haines	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.; Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
ervice) 2 214-16-2872	iners "espita" records.	
18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Shock due to	a 12 guage shotgun wound	3 hrs.
DUE TO		
Antecedent cause(s) in lower abdoren	, perforation of bowel	
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		
stating underlying cause last (c) ruplured bladd	er and right wreter.	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE Shot by	another man.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
Nov. 1-1955 4 same as cause of de		Yes 📑 No 📋
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factor OF street, office bldg., etc. INJURY)	" Mondi'e Allecan	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY OV. 1-1055 F.M. work 1 at work 21	by James Allena ne	t and shot
22. I hereby certify that I took charge of the remains descri		Inquiry Et. and
find that death resulted from: Natural causes [], Acc	dent 🗌, Suicide 🔲, Homicide 🏞, Undeter	
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
Horadorios I.D. A.l. Deming Mich	M. D. ASSISTANT MEDICAL EXAM.	ov.1-2005
REMOVAL (Specify):	RY OR CREMATORY LOCATION City, town, or col	unty) (State)
Burnal 11-5-1955 Frothing	received Valy I willing	MY

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53 PLEASE

MARGIN RESERVED FOR BINDING



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be

The bottom copy may be relained by the hospital or allending physician.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10362 CERTIFICATE OF DEATH

		-		-	ы	4	
						1/	
Reg.	Dist.	N	D.,			7	

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY ATTEGARY	MARYLAND	STATE LARVE AT		ALLEGANY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside cor	porata limits, write RURAL a	end give neerest tow	n)
TOWN CLIMBERT AND	1 .	TOWN	43.03		- 2
HOSPITAL OR	1 1 days	STREET	(If rural gi	ve location)	3
INSTITUTION OR STREET ADDRESS		ADDRESS	ATTENDED		-
3. NAME OF (First)	[Middle]	(Last)	AVTRETT	nth) (Dev)	(Year)
DEGEABED	(remains)	Januar S.	OF DEATH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Type or Print) , IOHN!		ETTCH		1-25-55	19
	ARRIED, 8. DATE	OF BIRTH	9. AGE lest birthday	Months Days	Hours Min.
M (Spacify)	ingle June	22,1912), 3 yrs.	Months	Trout Ain.
10a. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or for	reign country)		EN OF WHAT
done during most of working life, even if relired)	OR INDUSTRY	Davis. W.	l/a	1	INTRY?
13. FATHER'S NAME	undry	14. MOTHER'S MAIDEN		1 0	₩.
Joseph Yatsetich		Jennie Pe	torvich		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Mes. 80, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT &			
Z No	214-05-5279	old Ch	art Sacred !!	eart Hos	ital
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CE	RTIFICATION		IN	TERVAL BETWEEN
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	Clark 1	errhoris	76118	-	To No.
DO / MANEDIATE CAUSE (A)	Thate c	0000000	easen	0	23 64
ANTECEDENT CAUSE(S) DUE TO	•				- 1
DISEASES OR CONDITIONS, IF ANY, (B)			*******		
STATING UNDERLYING CAUSE LAST. DUE TO					
(c)					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 196. MAJOR FINDIN		Ox Olin 41	1.1		20. AUTOPSY?
11-22115 Janes		ZIC. WHERE DID INJURY OCC	103 (6%	(County)	(Stote)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STREET, NOTIFY MEDICAL EXAMINER)	Home, farm, factory, sel, office bldg., etc.)	ZIE, WHERE DID INJURY OCC	UR r (City or lown)	(County)	(21619)
	21e. INJURY OCCURRED	21f. HOW DID INJURY OCC	UR7		
M.	st work st work				
22. I hereby certify that I attended the d	eceased from 10 = 31=	55 19 10/1	25.5519	that I last s	aw the decease
alive on 45-31, 19					
SIGNATURE	and mar deam occurred a	AD	DRESS (Street, city(v)ow	vn. stata)	DATE SIGNE
(U 1 -		0, 0.	1. h	3 /	1-21.51
23. BURIAL CREMATION. I DATE THEREOF	M. D.	PERMATORY	LOCATION (City, tow	(county)	(State)
23. BURIAL, CREMATION, DATE THEREOF REMOVAE (SPECIFY)	TAME OF CEMETER OF	CREMITORI	EOCAHOR (City, Ibe	in, as county	(orana)
Burial 11-28-195		& Paul Cem.	Cumberla		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR	S SIGNATURE	ADDRE	SS
ALL 28 1050 Mites K	traut m.	Charles L.	George Cumb	erland, Mo	1.

EL BIOLOGIAS-MODERNO MINISTERIO DE LA CONTRACTOR CONTRACTOR DE LA CONTRACT

HTASE TO STADE TELDERTH

BUREAU V. S.

DE A 19958

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The state of the s

The law requires that the death **NSTRUCTIONS**

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		,
 Dies	No	4

		Reg.	Dist. No7		
1. PLACE OF DEATH	· · · · · · · · · · · · · · · · · · ·	2. USUAL RESIDENCE (HOME) OF DECE	ASED		
county Allegany MARYLAND		STATE Maryland COUNTY A	STATE Maryland COUNTY Allegany		
CITY (If outside corporate limits, write RURAL CRACK (in this place) OR and give nearest town) TOWN Cumberland 2/21/55		CITY (if outside corporata limits, write RURAL and give OR TOWN Cumberland			
HOSPITAL OR INSTITUTION OR Allegany Constitution or Allegany Constitution of Allegany Constituti	ounty Infirmary	CTORET //f event ains los			
3. NAME OF (First) DECEASED (Type or Print) Ellen	(Middle) Zin	(Lest) 4. DATE (Month) OF DEATH NOVE	mber 1, 5!		
5. SEX 6. COLOR OR 7. RACE White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow 1		UNDER 1 YEAR JF UNDER 2		
10s. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cardiff, Wales	12. CITIZEN OF WHAT		
ACTAMES AND OK John Gr	y.m.c.a.	14. MOTHER'S MAIDEN NAME (Unknown)	U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16. SOCIAL SECURITY N	17. INFORMANT & ADDRESS Allegany County Infi	rmary Reco		
1 DISEASES OR CONDITIONS DIRECTLY LEADING 422 AMMEDIATE CAUSE (A)	Pelen	coury Hapatasis	interval between onset and dead of the second of the secon		
ANTECEDENT CAUSE(S) DUE DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATUS INNERPRINC CAUSE LAST DUE	Chronic	myocarditio .	?		
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	sporter	al Arterioselero	260		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	22002	dary Mulauia.			
	JOR FINDINGS OF OPERATION PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town)	20. AUTOPSY YES NO (County) (State)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	[NJURY street, office bldg., alc.]	216. HOW DID INJURY OCCUR?	(County) (State)		
216, Time Of INSON' (Month) (Dey) (Tear)	M. at work at work				
		24 / 1955, to NOV 3, 1955, to de at 4 / 15 a.M., from the causes and on the date ADDRESS (Street, city, toyrn, ste			
23. BURIAL, CREMATION, DATE THE	hear Mr.	49 Treeve 81.	11-1-5		

588601 NTARG TO STADISTRED STATE TO THE METERS OF THE STICK CENTS of Imparion Toda Calling spaces Parallet venue tassaid BUREAU V. S. -SUET BY ACTU